

Name  
in  
Full

CERTIFICATE OF DEATH

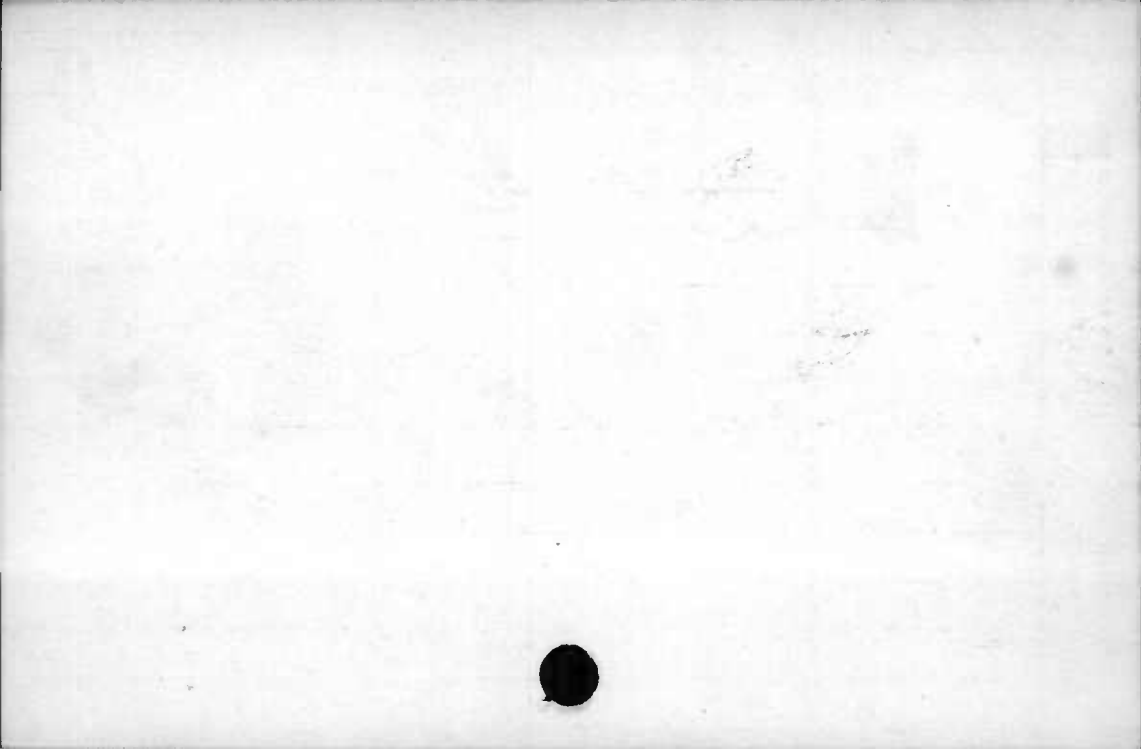
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Frederick		Frederick		MARYLAND	
Date of death	1906	Month	June	Day	20th	Years	38
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Counsellor		Where Residing if not at place of death		Shubston		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Alb.		Father's Birthplace		Germany		
Mother's Maiden Name	Reynolds Bisset		Mother's Birthplace		Md.		
Name of person giving information	Chas. Alb.		(40)		How related to deceased		Brother

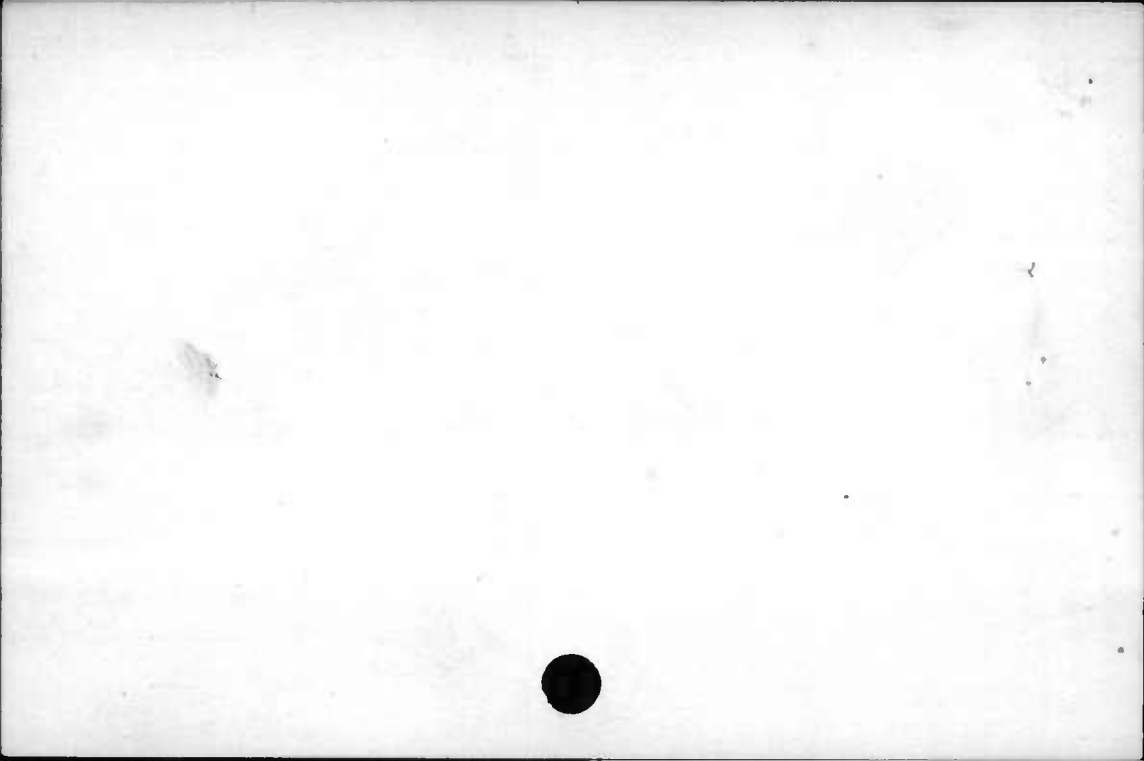
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Liver	How long	6 months
Immediate	General Debility	How long	14 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank Hedger
		Address	Frederick
Accident or Suicide?	No		



Name in Full		Tilghman Alexander						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town near Burkittsville		County Frederick		MARYLAND		
		Date of death		1906	Month January	Day 18	Age	Years 87	Months 10	Days 7
		Sex	Male		Color or Race	White		Birth- place	Md.	
		Occupation	Laborer				Where Residing if not at place of death			
		Married, Single or Widowed	Married		Name of Wife or Husband		Marion Alexander			
PHYSICIAN OR CORONER		Father's Name		George Alexander				Father's Birthplace	Md.	
		Mother's Maiden Name		Catherine Wisinger				Mother's Birthplace	Md.	
		Name of person giving Information		Mr. Allen				How related to deceased	Wife	
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		General Debility (154)				How long		
		Immediate						How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. H. Schiltneck		
						Address		Burkittsville		
		Accident or Suicide?						No		



Name in Full		Certificate of Death			
Andrew Andes		Died at <i>Near Unionville</i> <small>Town</small>		Frederick <i>Co</i> <small>County</small>	
		Date of death <i>1906 Jan 6</i> <small>Month Day</small>		<i>3</i> <small>Months</small> <i>18</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or <i>Barbara Andes</i>			
Father's Name <i>William Andes</i>		Father's Birthplace <i>Ind Co</i>			
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Ind Co</i>			
Name of person giving information <i>Marshall Boone</i>		How related to deceased <i>Nephew</i>			
CAUSES OF DEATH					
Primary <i>Atheromatous Arteries</i> <i>(14)</i>		How long <i>2 yrs</i>			
Immediate <i>Central Hemorrhage</i>		How long <i>4 days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas B. Howe</i>			
		Address <i>Liberty Town Md.</i>			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

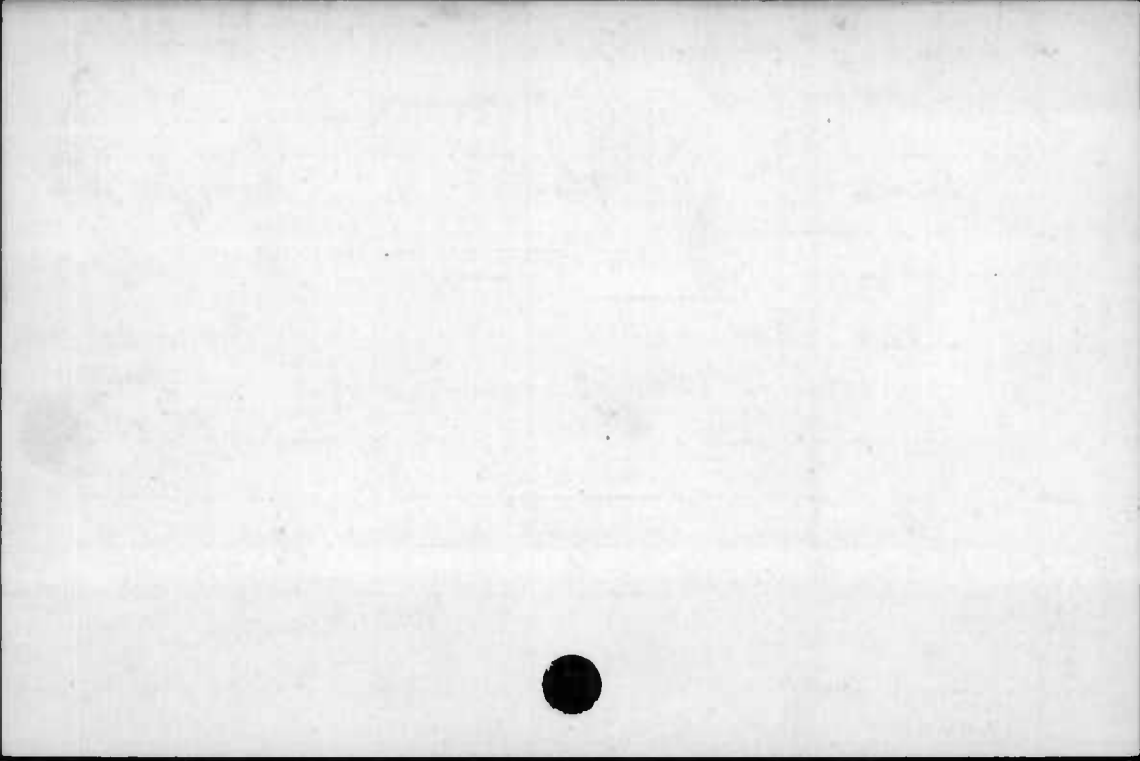
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town Frederick</i>		<i>Ashbaugh (My M)</i> County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	7	Day	1
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<del>Postmortem</del> <i>Miscarriage at 4 months</i>		How long
<del>Immediate</del>		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address
Accident or Suicide?		





Name  
in  
Full

Lawrence William Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>27</i>	Age <i>1</i>	Months <i>8</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Ernest Baker</i>			Father's Birthplace <i>Frederick Co Md</i>		
Mother's Maiden Name <i>Rosa O'Hare</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Rosa Baker</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia Broncho - Otitis media -</i>	How long	<i>3 weeks</i>
Immediate	<i>Menengitis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm Meredith Smith</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>						MARYLAND			
		Date of death <i>1906</i>		Month <i>Jan</i>	Day <i>17th</i>	Age <i>59</i>	Months		Days <i>20</i>		
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>					
		Occupation <i>H. W.</i>				Where Residing if not at place of death <i>22 W. Saint St.</i>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Adam Bell (Deceased)</i>							
		Father's Name <i>Patrick Murphy</i>				Father's Birthplace <i>Ind.</i>					
		Mother's Maiden Name <i>Sophia Conly</i>				Mother's Birthplace <i>Ind.</i>					
		Name of person giving information <i>Allen Murphy</i>				How related to deceased <i>Son in law</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Rheumatism muscular and</i>				How long <i>6 months</i>					
		Immediate <i>Spinal degeneration</i>				How long <i>2 years</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Frank Hedges</i>					
						Address <i>Frederick</i>					
		Accident or Suicide?									

Friday Moberly

Name  
in  
Full

Ellen J. Beuty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Induciet <sup>County</sup> Induciet

Date of death 1906 <sup>Month</sup> Jan <sup>Day</sup> 7 <sup>Age</sup> 29 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 2

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Md

Occupation Housewife <sup>Where Residing if not at place of death</sup> L

Married, Single or Widowed married <sup>Name of Wife or Husband</sup> Arthur Beuty

Father's Name James P. Roberts <sup>Father's Birthplace</sup> Q

Mother's Maiden Name Mary J. Roberts <sup>Mother's Birthplace</sup> X

Name of person giving information Arthur Beuty <sup>How related to deceased</sup> Husband

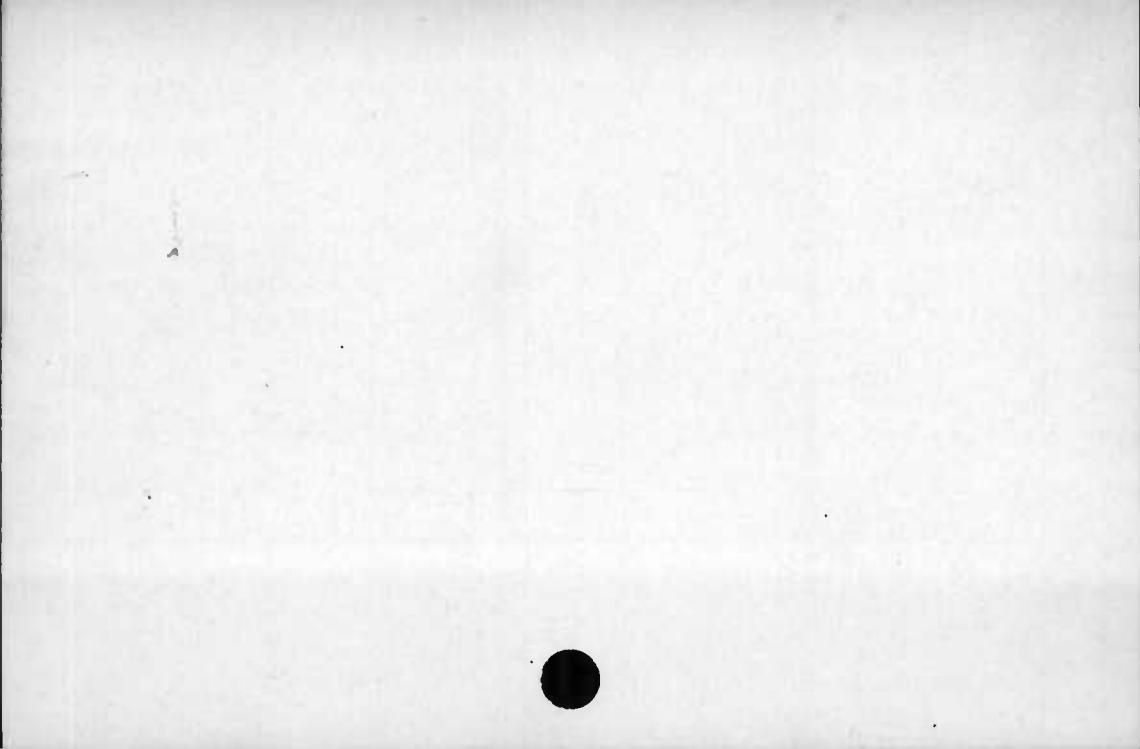
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Abortion <sup>How long</sup> 3 wks. <sup>Immediate</sup> Irtains <sup>How long</sup> 48 hours.

Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> J. B. Johnson

<sup>Address</sup> Induciet Md. <sup>Accident or Suicide?</sup>



Name  
in  
Full

Minnie Biddinger No. 4

## CERTIFICATE OF DEATH

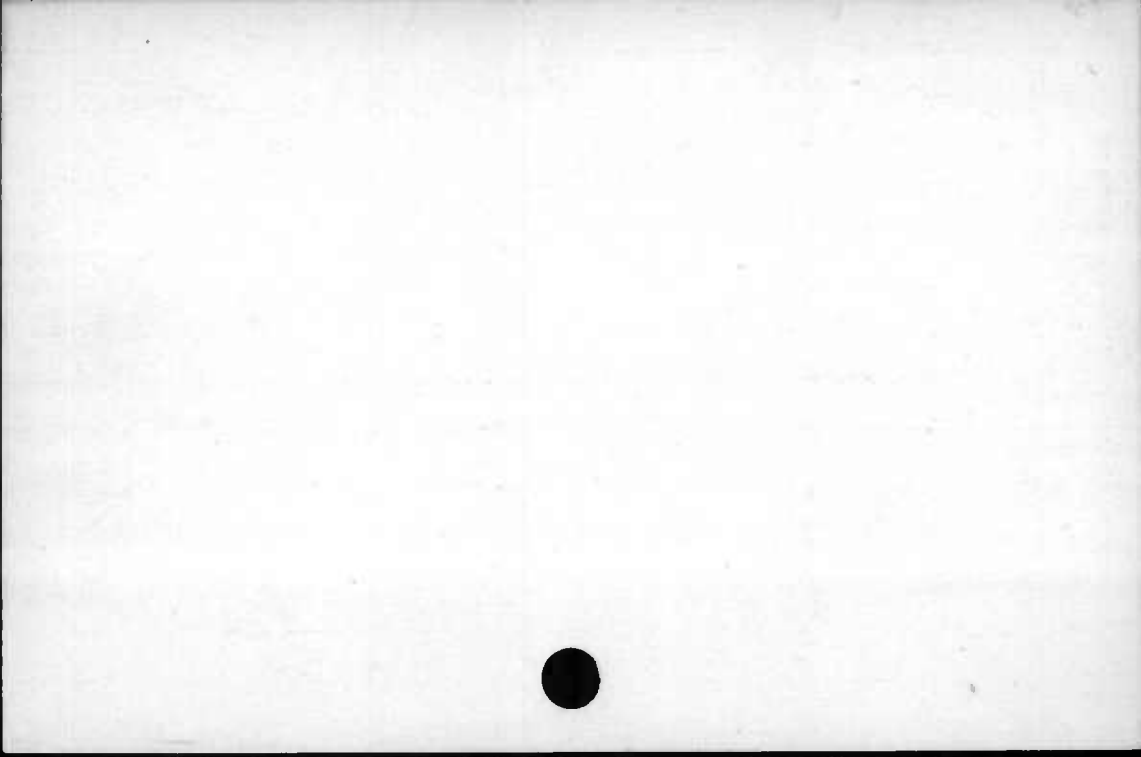
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New London		County Frederick		MARYLAND	
Date of death	1906	Month Jan	Day 14	Age 18	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Fairfax Co. Va
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Jas. W. Bittinger			
Father's Name	Jas. Shelton				Father's Birthplace	Don't Know	
Mother's Maiden Name					Mother's Birthplace	"	
Name of person giving Information	Jas. W. Bittinger				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	5 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			H. H. Hopkins Jr	
			Address	
			New Market	
Accident or Suicide?		no	Fairfax Co. Maryland.	





Name  
in  
Full

Francis Garver Bohm

No. 127

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Garver Town</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 190 <u>6</u> Jan	Month	Day <u>20</u>	Age	Years <u>3</u>	Months
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Garver Town</u>		Days	
Married, Single or Widowed <u>                    </u>		Occupation			
Name of Wife or Husband <u>                    </u>					
Father's Name <u>Chas Bohm</u>			Father's Birthplace <u>Frederick co.</u>		
Mother's Maiden Name <u>Elgie Garver</u>			Mother's Birthplace <u>Garver Town</u>		
Name of person giving information <u>John Garver</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>1 week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. L. Fair</u>
	Address <u>Union Bridge</u> <u>md</u>
Accident or Suicide?	

Beaver Dam

Name  
in  
Full

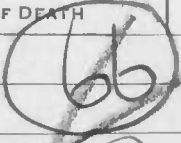
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middleton</i> <sup>Town</sup>		<i>Fred</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>12</i>		Age <i>80</i> <sup>Years</sup>		<i>9</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Mt</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Andrew Boist</i>				
Father's Name <i>Jessie Ridgley</i>	Father's Birthplace				
Mother's Maiden Name <i>Margaret Ridgley</i>	Mother's Birthplace				
Name of person giving information <i>Chas Boist</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>		How long
Immediate <i>Paralysis</i>		<i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Roy V Hauver M.D.</i>	Address <i>Middleton Md.</i>
Accident or Suicide?		



Name  
in  
Full

Charles Henry Bowers

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

of death 1906

Month

Jan

Day

18

Age

Years

Months

3

Days

26

Sex

Male

Color or  
Race

white

Birth-  
place

Brunswick

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

W. E. Bowers

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Mary Thompson

Mother's  
Birthplace

W. Va.

Name of person giving  
information

Mary E. Bowers

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

meningitis

(1)

How long

5 days

Immediate

Convulsions

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

A. H. Horine

Address

Brunswick  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Charlestown and

Name  
In Full

Edith M Bowrie

## CERTIFICATE OF DEATH

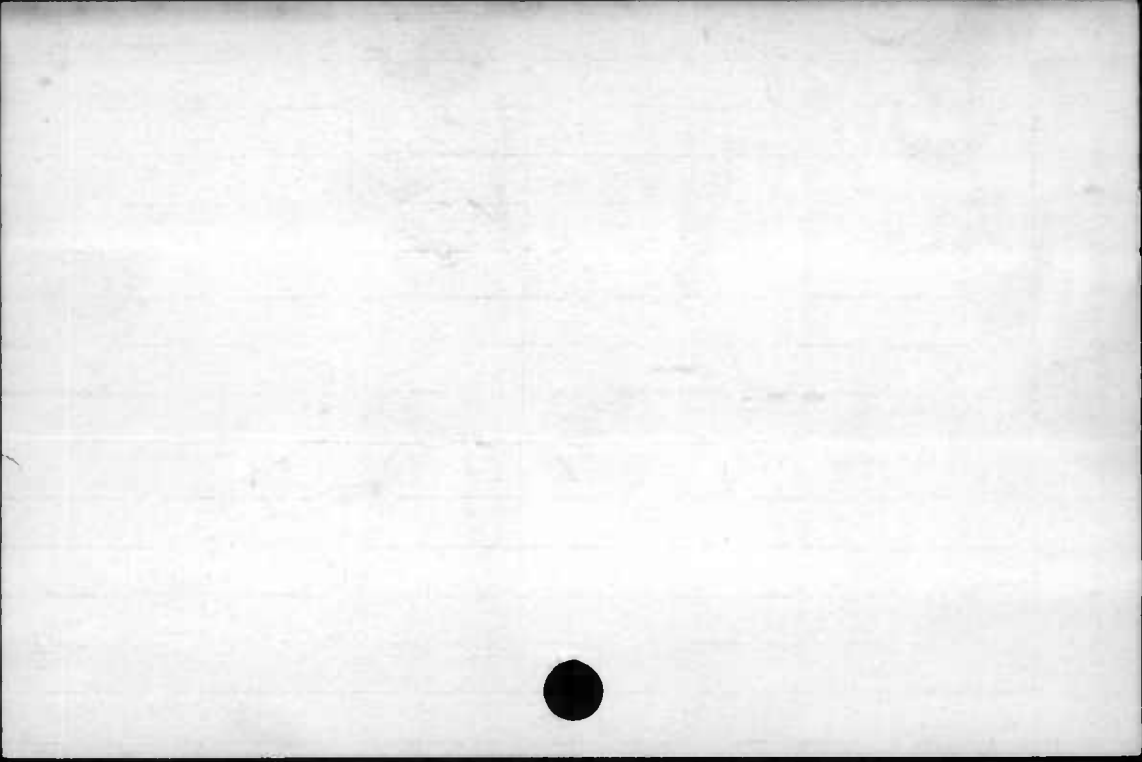
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Red Hill</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Jan.</i>	Day <i>10th</i>	Age <i>five</i>	Months <i>seven</i>	Days <i>17</i>
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place	
Married, Single or Widowed <i>single</i>			Occupation		
Name of Wife or Husband <i>+ +</i>					
Father's Name <i>John H. Bowrie</i>			Father's Birthplace		
Mother's Maiden Name <i>Emma Deedemus</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>2 wks - 3 da</i>
Immediate	<i>Hemorrhage</i>	How long	<i>At intervals for several hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. G. Thomas</i>	
		Address <i>Adamstown,</i>	
		<i>Maryland</i>	
Accident or Suicide?			





Name  
in  
Full

James A. Brandenburg

## CERTIFICATE OF DEATH

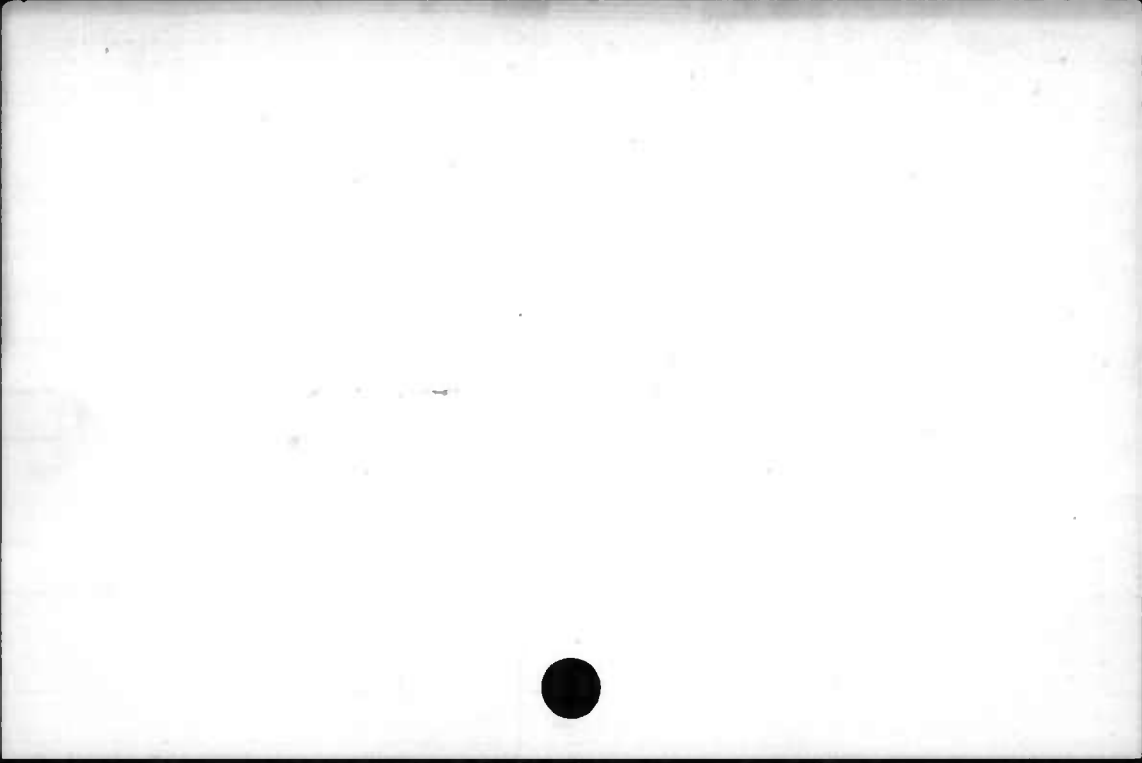
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmony</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 1906	Month <i>1st</i>	Day <i>21st</i>	Age		Years	Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Harmony, Md.</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>S</i>							
Name of Wife or Husband <i>S</i>									
Father's Name <i>Samuel C. Brandenburg</i>					Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Clara M. Alexander</i>					Mother's Birthplace <i>Maryland</i>				
Name of person giving In formation <i>Samuel C. Brandenburg</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>S</i>	How long	<i>—</i>
Immediate	<i>Still Born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ralph Brown</i>	
		Address <i>Myersville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Ella Francis Cook				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Middletown</i>		County <i>Fredrick</i>		MARYLAND	
	Date of death	1906	Month	Jan	Day	21	Age	
					Years	47	Months	
						3	Days	
						29		
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
	Occupation	<i>Housewife</i>		Where Residing if not at place of death				
PHYSICIAN OR CORONER	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
	Father's Name	<i>Alexander A. Cook</i>				Father's Birthplace	<i>Md</i>	
	Mother's Maiden Name	<i>Charlotte G. Cobling</i>				Mother's Birthplace	<i>Md</i>	
	Name of person giving information	<i>Carroll Lett</i>				How related to deceased	<i>none</i>	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Burns 2 1/2 body</i>				How long	<i>(16)</i>	
	Immediate	<i>Exhaustion</i>				How long	<i>9 days</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician		<i>P. A. Lander</i>		
			Address		<i>Middletown</i>			
					<i>Md</i>			
Accident or Suicide?		<i>Accident</i>						



in  
Full

John Wm Cooley

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Seller</u> Town <u>Pack</u> County		Months		Days	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>12<sup>th</sup></u>	Years <u>48</u>		
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Occupation <u>farmer</u>	Where Residing if not at place of death <u>near Seller</u>				
Married, <u>yes</u> <u>married</u>	Name of Wife or Husband <u>Elizabeth Sears</u>				
Father's Name <u>Amos Cooley</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Elizabeth Hughes</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Levi Cooley</u>	(81)		How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

Primary <u>Arterio Sclerosis</u>	How long <u>6 months</u>
Immediate <u>Cardiac Failure</u>	How long <u>3 hours</u>

Are the name, age, sex, color, date and place correctly given above?

yes

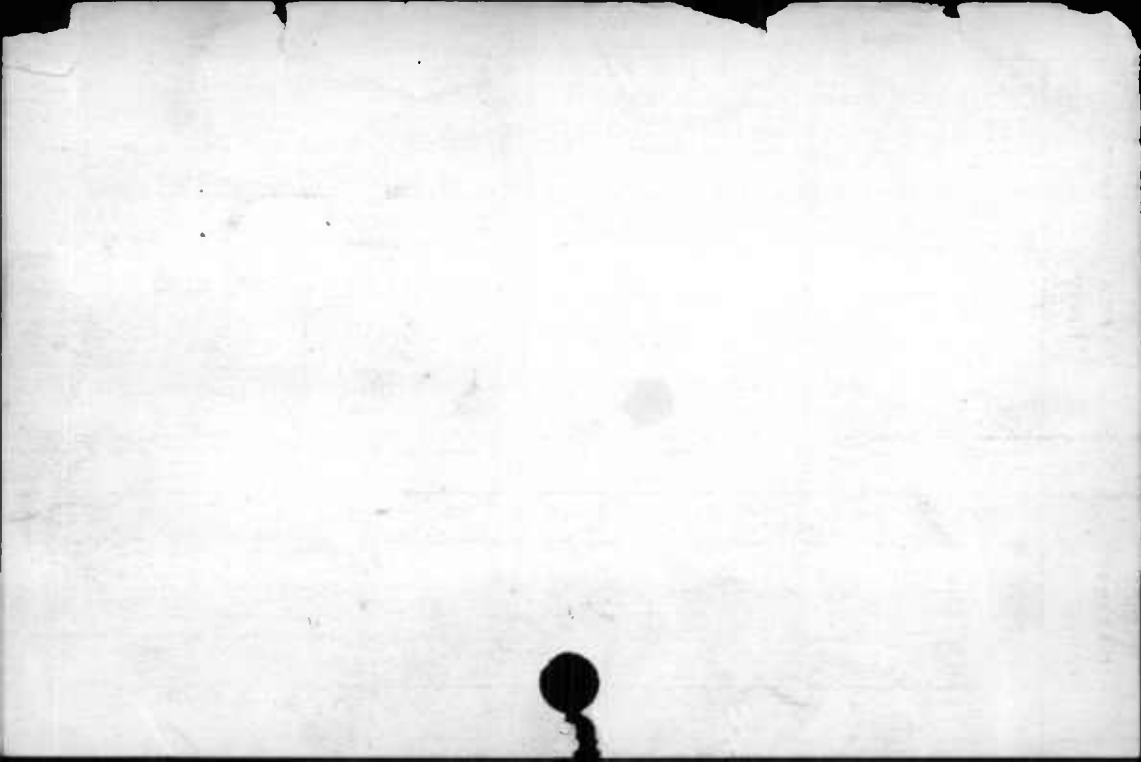
Signature of Physician

Wm Meredith Smith  
Address Frederick, Maryland.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Coabbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Yellow Springs* <sup>County</sup> *Frederick*

Date of death *1905* Month *1* Day *23* Age *69* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Honover Pa*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of ~~Wife~~ <sup>Husband</sup> *Peter O. Coabbs.*

Father's Name *John Kohler* Father's Birthplace *Pa*

Mother's Maiden Name *unknown* Mother's Birthplace *—*

Name of person giving information *P. O. Coabbs* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Myocardial Regurgitation* How long *5 months*

Immediate *Cardiac Paralysis* How long *3 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank Hedger*  
Address *Friedrich Md.*

Accident or Suicide? *2*

Interment at Pleasant  
Hill.

" Jan 27<sup>th</sup> —

No 114

Mr Miller



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Permy*  
 Judge *Smith* *Crum*.  
 Died at *Walkersville* Town *Frederick* County  
 Date of death *1906* Month *Jan* Day *14* Years *10* Months Days

Sex *Male* Color or Race *White* Birthplace *Walkersville Md.*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single*

Name of Wife or Husband \_\_\_\_\_

Father's Name

*John N. Crum*

Father's Birthplace

*County*

Mother's Maiden Name

*Catharine Smith*

Mother's Birthplace

*County*

Name of person giving information

*J. H. Witter.*

How related to deceased

—

## CAUSES OF DEATH

Primary

*Diphtheria.**(9)*

How long

*3 days.*

Immediate

*Paralysis of heart.*

How long

—

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Dr. J. N. Long.*

Address

*Walkersville Md.*

Accident or Suicide?



Name  
in  
Full

Bessie R Danner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Knopville</i> <sup>Town</sup>		<i>Fredricks</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>17</i>	Years <i>13</i>	Months <i>1</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Knopville</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>William P Danner</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Caroline Fisher</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>William P Danner</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>measles</i>	How long <i>1 week</i>
Immediate <i>lobar pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Al Horvitz</i>
	Address <i>Brunswick</i>
Accident or Suicide? <i>no</i>	<i>md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

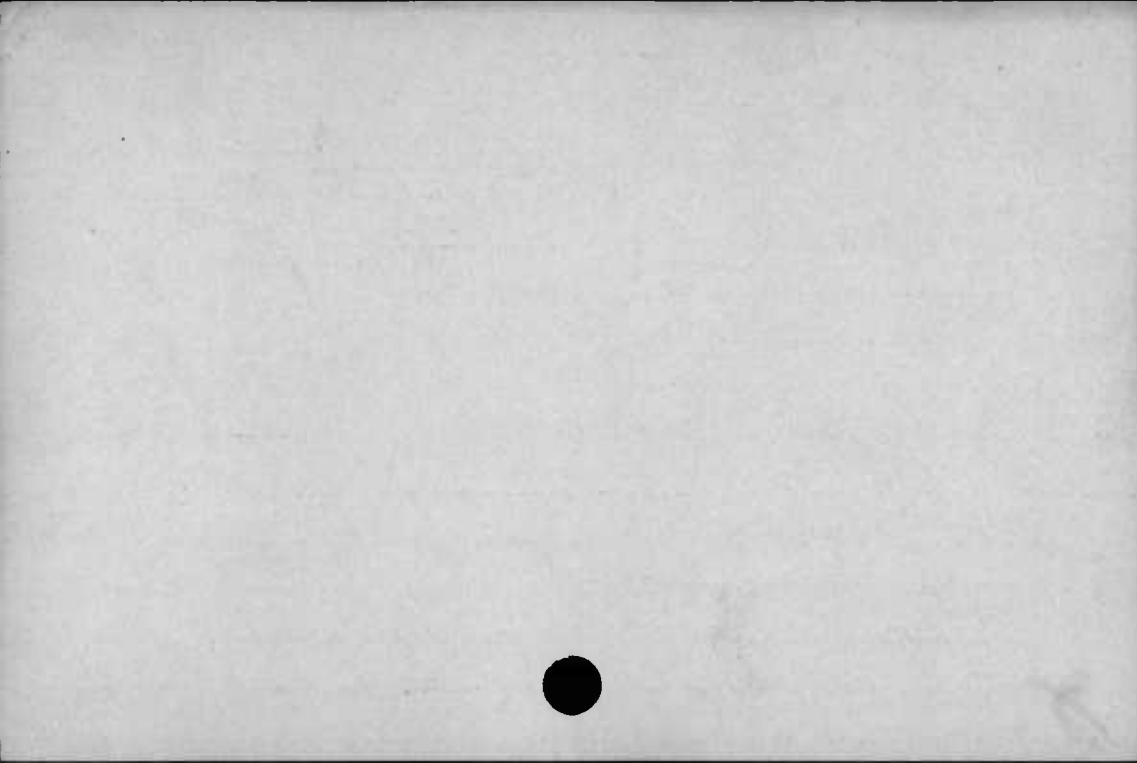
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George I. Danner</i>		Town <i>Pennawick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Pennawick</i>		Month <i>1-</i>		Day <i>9</i>		Years <i>54</i>	
Date of death <i>1906</i>		Month <i>1-</i>		Day <i>9</i>		Months <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Days <i>10</i>	
Occupation <i>Car Repair</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name or Wife or Husband <i>Flor. May Danner</i>					
Father's Name <i>John Danner</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Jula Danner</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Flor May Danner</i>		How related to deceased <i>wife</i>					

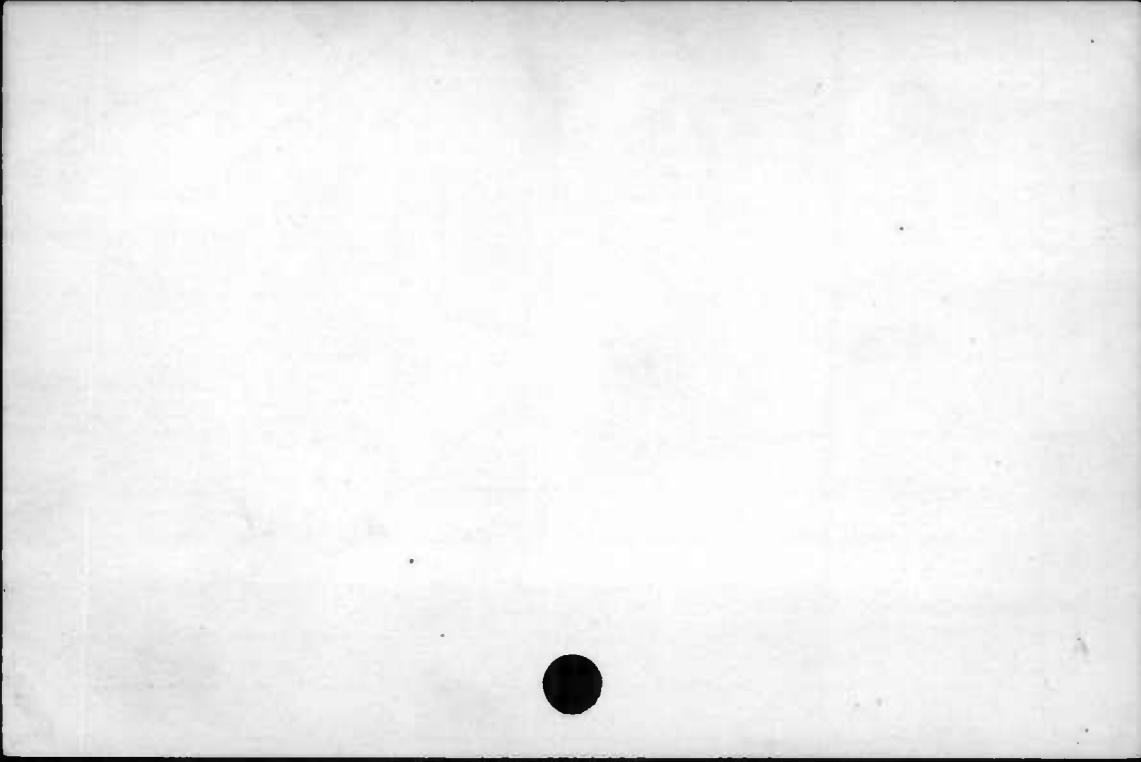
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Removal of eye</i>	How long <i>75</i>
Immediate <i>Blood clot</i>	How long <i>75</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. Kees</i>
	Address <i>Pennawick Md</i>
Accident or Suicide?	



Name in Full		Cornelius E. Doub.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Middletown		County Frederick		STATE MARYLAND
	Date of death		Month Jan.	Day 9th	Years 60	Months 8	Days 11
	Sex Male		Color or Race White		Birth-place Md.		
	Occupation Retired farmer				Where Residing if not at place of death		
	Married, Single or Widowed widower		Name of Wife or Husband X				
	Father's Name Elias Doub.				Father's Birthplace Md.		
	Mother's Maiden Name Elizabeth Sheffer				Mother's Birthplace Md.		
Name of person giving information		Carroll Fleete			How related to deceased undertaker		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Rupture of blood vessel of heart				How long about 1 hr		
	Immediate Heart failure due to rupture of vessel				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes.				Roy V. Hawver M.D.		
					Address Middletown Md.		
Accident or Suicide?							





Name  
in  
Full

Elizabeth Eichner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Montevideo Hospital* <sup>Town</sup> *Frederick* <sup>County</sup>

MARYLAND

Date of death *1906* <sup>Month</sup> *Jan* <sup>Day</sup> *19* <sup>Years</sup> *86* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White*

Birthplace

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*General debility*

How long

Immediate

*Exhaustion*

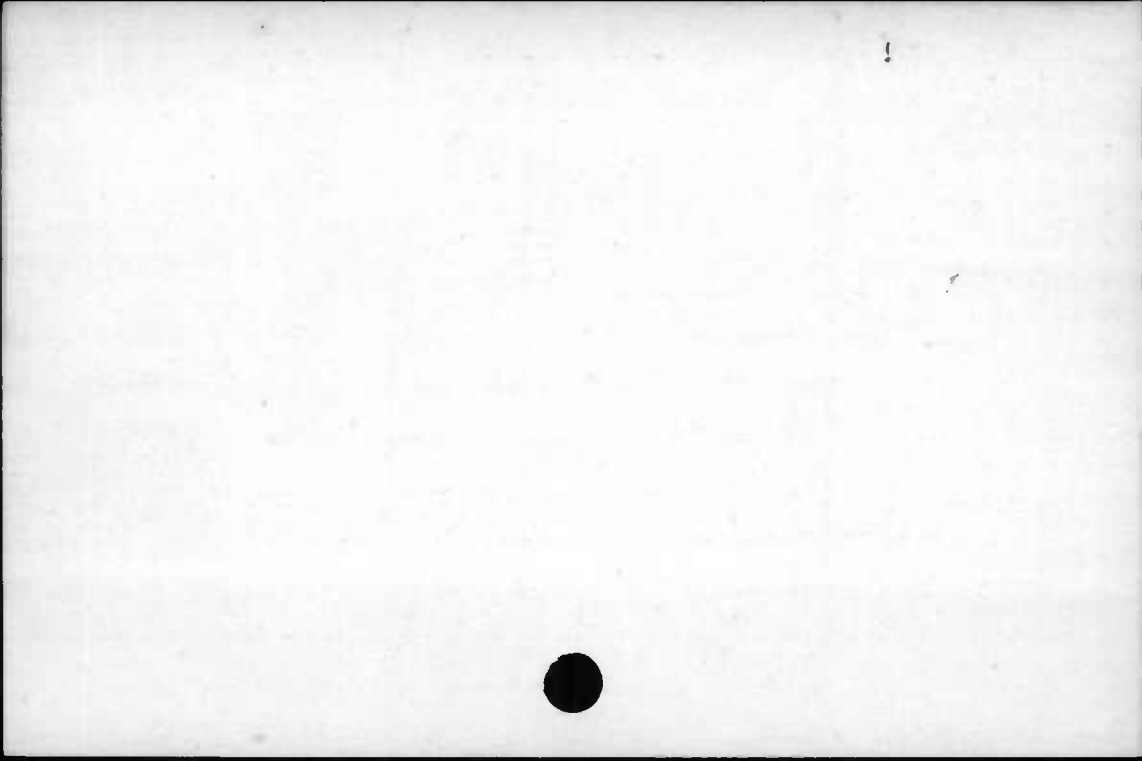
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		<i>July</i>	<i>5</i>	<i>86</i>	<i>7</i>	<i>26</i>	
Sex		Color or Race		Birthplace			
<i>Male</i>		<i>White</i>		<i>Frederick Md</i>			
Occupation				Where Residing if not at place of death			
<i>Retired</i>				<i>✓</i>			
Married or Widowed				Name of Wife or Husband			
<i>Widowed</i>				<i>Caroline Ball</i>			
Father's Name				Father's Birthplace			
<i>John Englebrecht</i>				<i>Frederick Md</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Margaret McMullen</i>				<i>Frederick -</i>			
Name of person giving information				How related to deceased			
<i>C. C. County</i>				<i>Cousin</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Choke from food</i>	How long	<i>(44)</i>
Immediate	<i>Exhaustion</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>✓</i>		<i>J. S. Maynard</i>	
		Address	
		<i>17 Second St W.</i>	
Accident or Suicide?		<i>Frederick Md</i>	

C. C. Carty & Co  
M O Cemetery  
Jan 8

Name  
in  
Full

Rodger. A. Fagan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Break</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1904</u>	Month <u>1</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Clifford Fagan</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Clara V Esterley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>F Schroeder</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Convulsions</u>	How long <u>3 Hours</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F Schroeder M.D.</u>
	Address <u>Frederick Ind</u>
Accident or Suicide? <u>—</u>	



Name in Full		George A. Traley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Thurmont Md		Frederick		MARYLAND		
	Date of death	1906	Jan	23	Age 33	Months 5	Days 18	
	Sex	Male		Color or Race	White		Birth-place	Md
	Occupation	Farmer			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Eliza Eicholtz			
	Father's Name	Jonathan Traley				Father's Birthplace	Md	
	Mother's Maiden Name	Mary				Mother's Birthplace	Md	
Name of person giving information					How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Pulmonary Abscess				How long	6 months	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Morris A. Kirby		
					Address	Thurmont Md		
Accident or Suicide? <input checked="" type="checkbox"/>								





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Buckittsville</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1906	Month <i>June</i>	Day <i>11</i>	Age Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Buckittsville Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Graus</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ellen Weber</i>				Mother's Birthplace <i>Md</i>			
Name of person giving In formation <i>Charles Graus</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>		How long <i>Still Born</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mrs. J. M. P.</i>
		Address <i>Buckittsville Md</i>
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH.

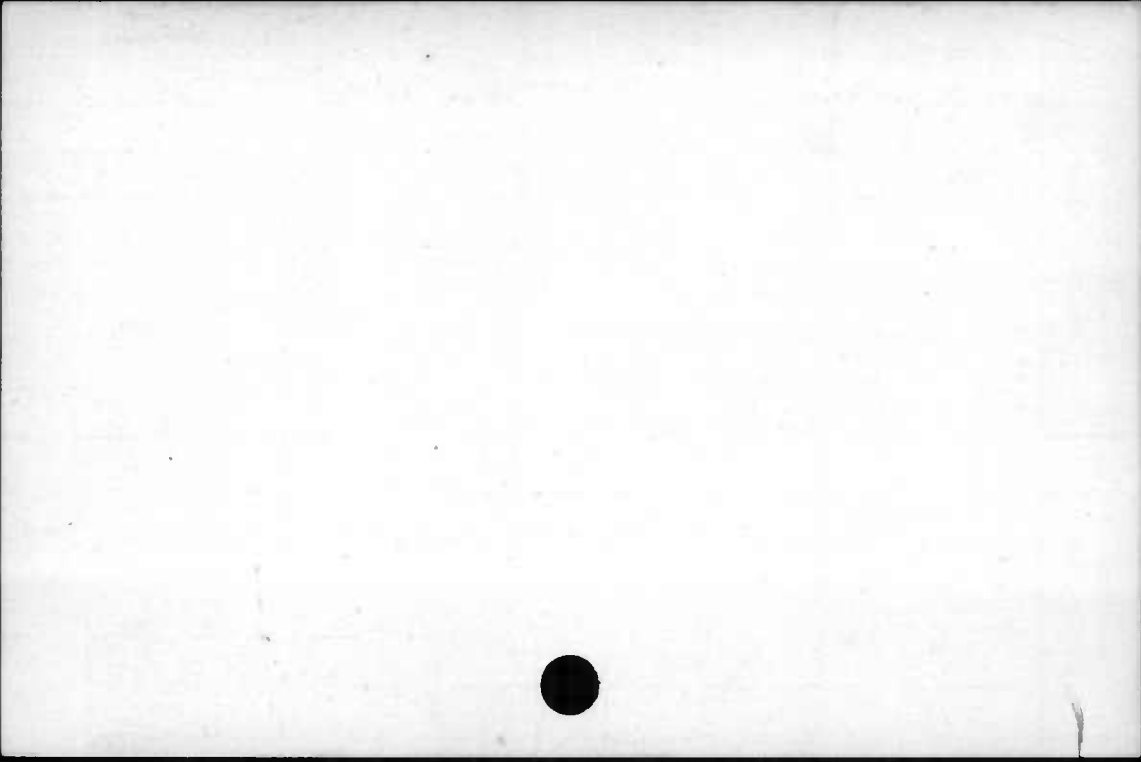
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burkittsville</u> <sup>Town</sup>		<u>Frederick Co</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	Month <u>Jan</u>	Day <u>11</u>	Age	Years <u>2</u> Months <u>1</u> Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Burkittsville Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Charles E. Grooms</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Ella Weber</u>			Mother's Birthplace <u>West Va</u>		
Name of person giving information <u>Charles E. Grooms</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Premature Birth. Died in</u>	How long	<u>two hours</u>
Immediate	<u>two hours</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Geo. J. Foster</u>
		Address	<u>Burkittsville</u>
			<u>Maryland.</u>
Accident or Suicide?			



Name  
in  
Full

Green

## CERTIFICATE OF DEATH

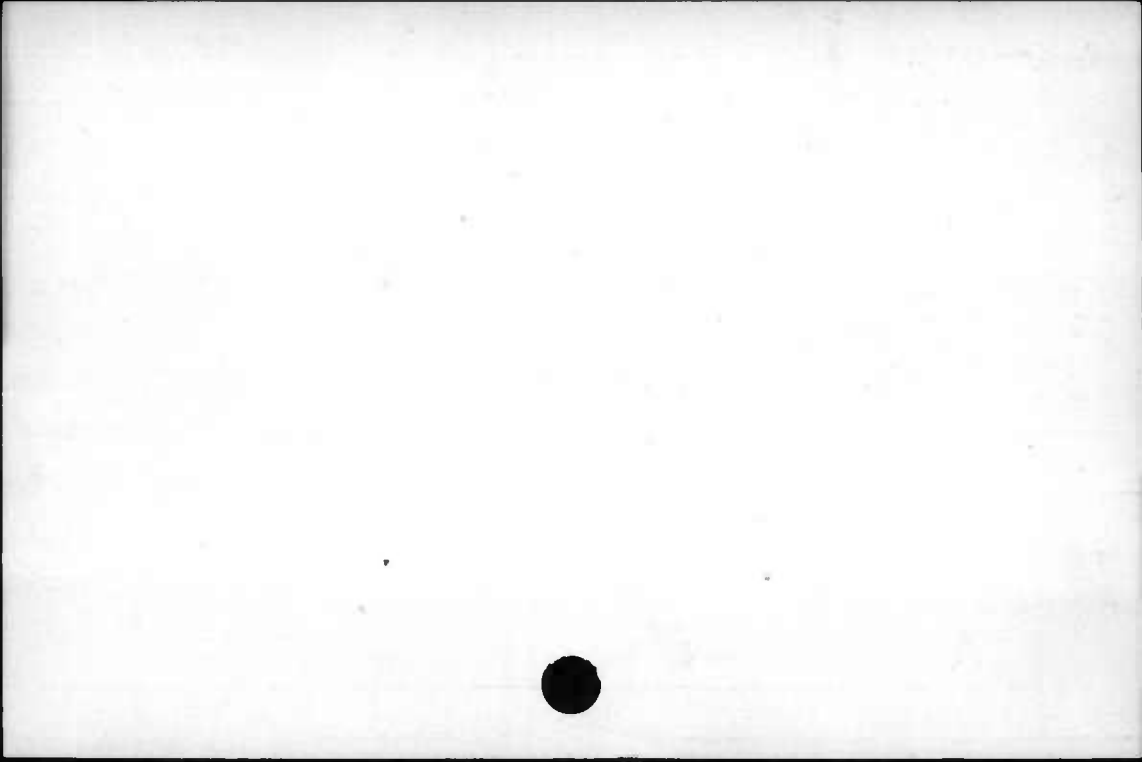
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>10</i>	Age	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick Md</i>
Occupation	<i>Painter</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Enoch Green</i>					Father's Birthplace	<i>Frederick</i>
Mother's Maiden Name	<i>Anna Rose</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Father</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions (Epilepsy)</i>		How long	<i>20 hours</i>
Immediate	<i>Asphyxia</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>No</i>	Signature of Physician	<i>W. P. Fahrney</i>
			Address	<i>Frederick Md</i>
Accident or Suicide?				



Name in Full		George I. Groshon.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1906	Month	1	Day	17	Age
					Years	90	Months
						11	Days
						12	
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Retired		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, <del>Single</del> or Widowed		Name of Wife or Husband Mary Davis New Market Va				
	Father's Name		John Groshon				Father's Birthplace
	Mother's Maiden Name		Anna May Smith				Mother's Birthplace
	Name of person giving information		Mrs Elizabeth Smith				How related to deceased
							Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Old age				How long
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician
							Address
							Frederick
						MD.	
Accident or Suicide?							

Saturday M. 16. 1847-



Name  
in  
Full

Jemima B. Brown

No. 5

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jamsville</i> Town			County <i>Frederick</i>			MARYLAND		
Date of death <i>1906</i>	Month <i>Jan -</i>	Day <i>18<sup>th</sup></i>	Age <i>60</i>	Years	Months <i>6</i>	Days <i>not known</i>		
Sex <i>Female</i>		Color or Race <i>white</i>			Birth-place <i>Frederick Co. Md.</i>			
Occupation			Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>George M. Brown</i>						
Father's Name <i>Henry Riggo</i>				Father's Birthplace <i>Montgomery Co. Md.</i>				
Mother's Maiden Name <i>Rebecca Muscatell</i>				Mother's Birthplace <i>Frederick Co. Md.</i>				
Name of person giving information <i>Her sister - Betty H. Riggo</i>				How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of the Liver</i>	How long <i>one year</i>
Immediate <i>Emaciation &amp; Progressive loss of strength</i>	How long <i>six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George M. Riggo M.D.</i>
	Address <i>Jamsville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Jno. A. Grumbine

9/1/15

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredericks</u>		Town		County		MARYLAND	
Date of death	1906	Month	Jan	Day	30	Age	75
Sex	M	Color or Race	W.	Years	17	Months	17
Occupation	Machine Agt		Where Residing if not at place of death		U.S.		
Married, Single or Widowed	M.	Name of Wife or Husband	Ida.				
Father's Name	Peter Grumbine		Father's Birthplace		Hanover Pa.		
Mother's Maiden Name	Lavina Michael		Mother's Birthplace		Middletown Md		
Name of person giving information			(164)		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fractured Pelvis		How long	1 week
Immediate	Shock. Cerebritis		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Jas. M. Bundy		
Address				
Accident or Suicide?				

to to Party -

Ship to Middletown Md

Name  
in  
Full

Mrs John M. Haller

## CERTIFICATE OF DEATH

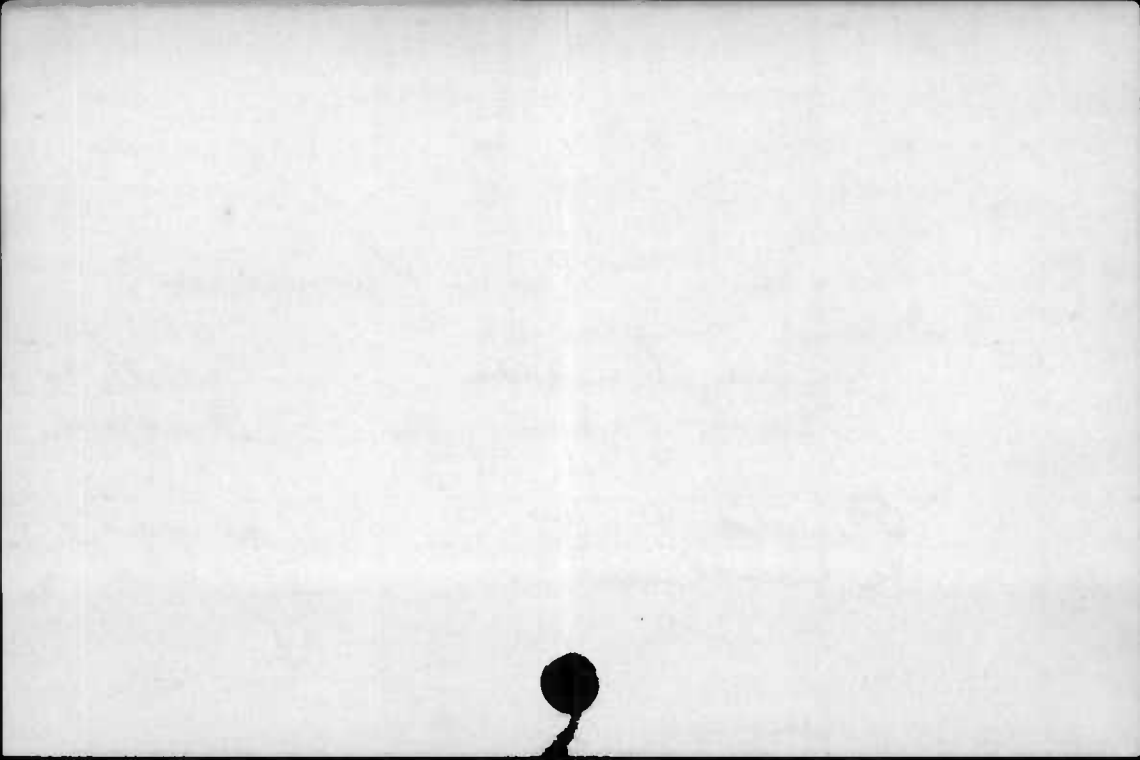
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Indemith		County Indemith		MARYLAND	
Date of death 1906		Month 1	Day 17	Age 81		Years	Months 8
Sex Female		Color or Race White		Birth- place Pa. - Yorks. mli			
Occupation Housewife		Where Residing if not at place of death		x			
Married, <del>Single</del> <del>Widowed</del>		Name of Wife or Husband John M. Haller -					
Father's Name Prof. Gnes. Thomas -		Father's Birthplace Ind Co -					
Mother's Maiden Name Miss Viola Davis -		Mother's Birthplace N. Y. State -					
Name of person giving In formation Miss Thomas		How related to deceased sister					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pyo-Salpingitis	How long	32
Immediate	Shock due to Operation	How long	6 Hours -
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		Franklin Buchanan	
Address		Indemith -	
Accident or Suicide?		x	



Name in Full		Mary Catherine Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Lurganore	County Frederick		MARYLAND	
	Date of death	1906	Month Jan	Day 2d	Years 27	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Servant		Where Residing if not at place of death		Frederick Co	
	Married, Single or Widowed	Married		Name of Wife or Husband		Pearl Hammond	
	Father's Name	Dennis Hammond				Father's Birthplace	Frederick Co
PHYSICIAN OR CORONER	Mother's Maiden Name	Julia Thompson				Mother's Birthplace	Carroll Co
	Name of person giving information	Pearl Hammond				How related to deceased	Husband
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Burns				How long	3 weeks
	Immediate	Exhaustion				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		Accident		Liberty Town, Md.		





Name  
in Full

## CERTIFICATE OF DEATH

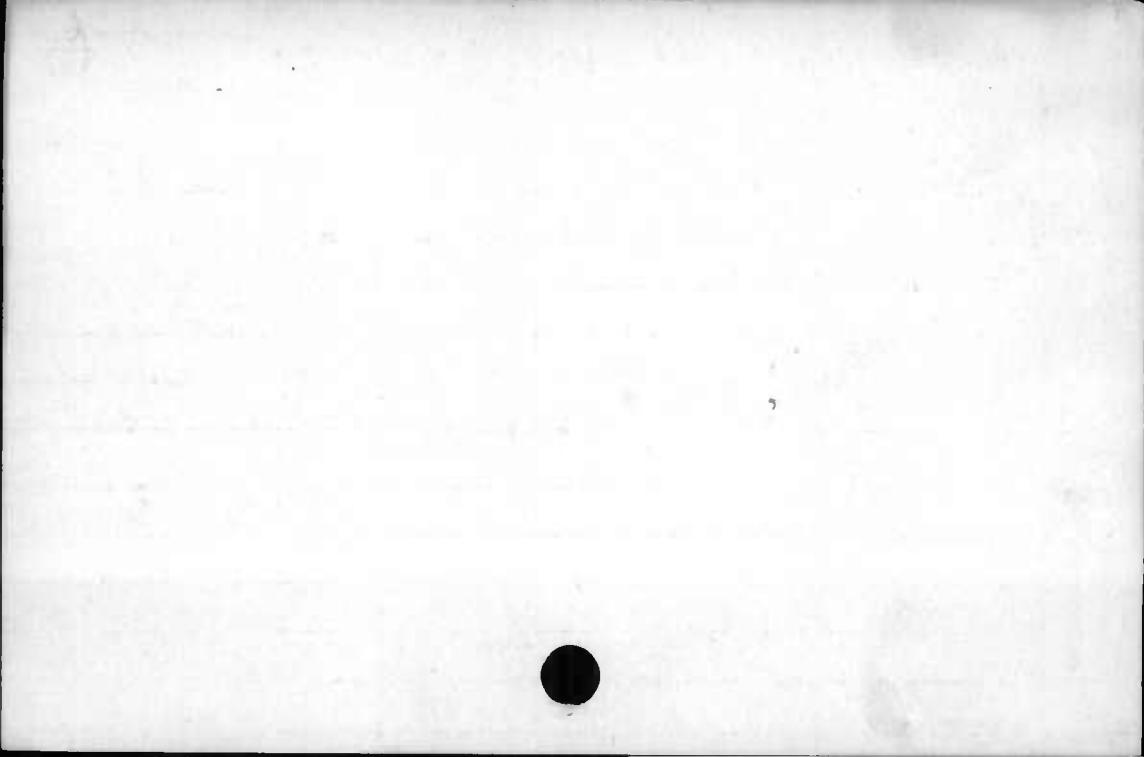
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haltersville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>26</i>	Age <i>9</i>	Years	Months	Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Haltersville</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Calvin Hawk</i>				Father's Birthplace			
Mother's Maiden Name <i>Herb</i>				Mother's Birthplace <i>Langetown</i>			
Name of person giving information <i>J. Micodemus</i>				How related to deceased			

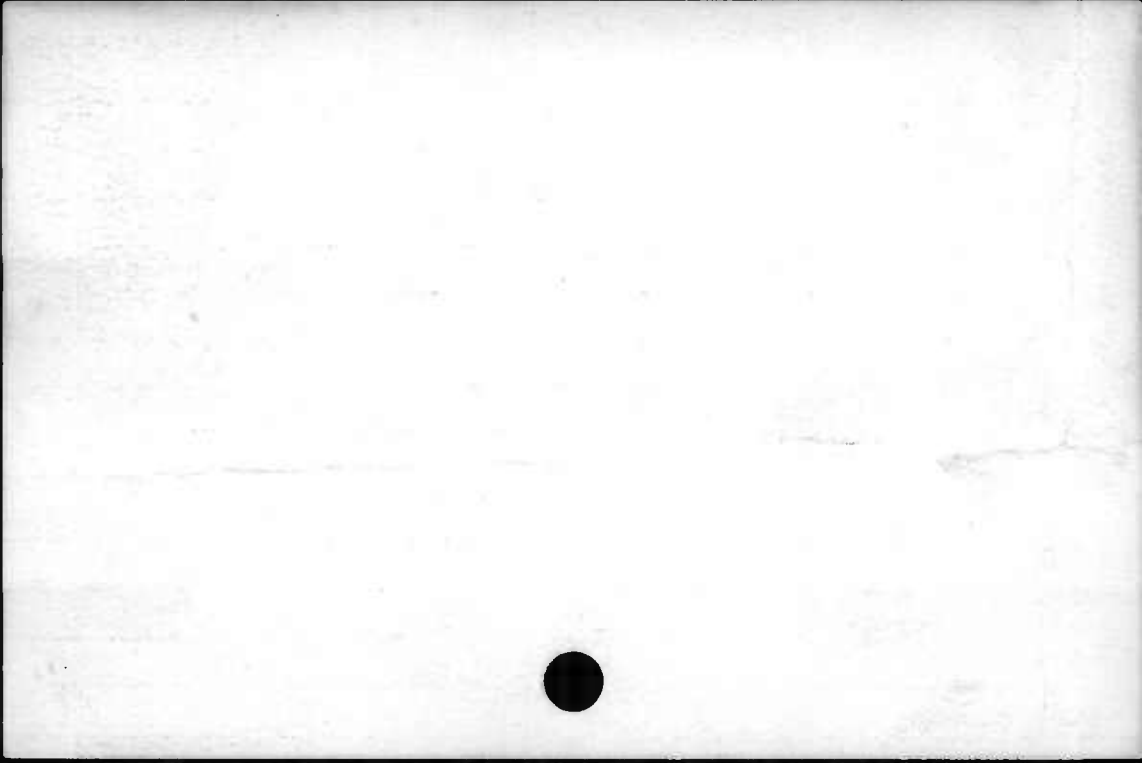
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>9</i>
Immediate <i>Nephritis.</i>	How long <i>week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Micodemus</i>
	Address <i>Haltersville Md.</i>
Accident or Suicide?	



Name in Full		James E. Heird				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month	Day	Age	Years
		Sex	Color or Race	Birthplace	Months	Days	
		Occupation	Where Residing if not at place of death				
		Married, Single or Widowed	Name of Wife or Husband				
		Father's Name		Mother's Maiden Name		Father's Birthplace	
		Name of person giving information		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Address	
		Accident or Suicide?					



Name  
in  
Full

Mary S. Herring

## CERTIFICATE OF DEATH

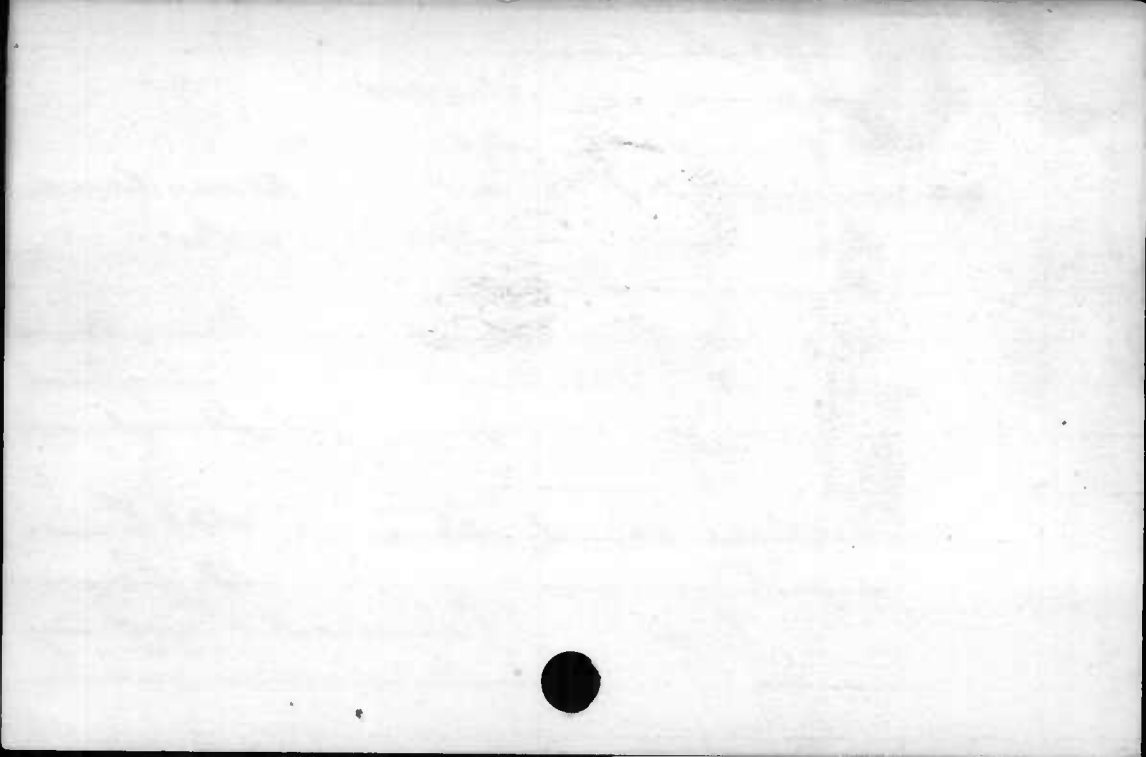
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	June	Day	22	Years	1
				Age	1	Months	2
				Days	2		
Sex	Female		Color or Race	White		Birth-place	Frederick Co.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Edward Herring				Father's Birthplace	
						Frederick Co	
Mother's Maiden Name		Anna M. Crum				Mother's Birthplace	
						"	
Name of person giving information		"				How related to deceased	
						mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis (Pneumococcus)	How long	5 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. W. P. Crum	
		Address	
		Jefferson, Md	
Accident or Suicide?			



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Baltimore</i> <sup>town</sup>			County <i>Fredk.</i>			MARYLAND		
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>4</i>	Age <i>28</i>	Years <i>8</i>	Months <i>21</i>	Days <i>21</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Married</i>			Occupation <i>Homework.</i>					
Name of Wife or Husband <i>Eveard Ifort</i>								
Father's Name <i>Emory C. Grunkins</i>			Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Laura Jones</i>			Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Eveard Ifort</i>			How related to deceased <i>Husband.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Child Bed <sup>rupture</sup> <del>return</del></i>	How long	<i>48 hours.</i>
Immediate	<i>Septemia</i>	How long	<i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. Hubert Buckley</i>	
		Address <i>Middleton.</i>	
Accident or Suicide?			

$$\begin{array}{r}
 1906-1-5 \\
 1874-6-6 \\
 \hline
 27-\cancel{4}7 \quad 29
 \end{array}$$



Name

in

Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Gerald T. Harner</i>		CERTIFICATE	
Died at <i>Mt Joy</i> <sup>Town</sup>		<i>Peru</i> <sup>County</sup> <del>MARYLAND</del>	
Date of death <i>1906</i> <sup>Month</sup> <i>1</i> <sup>Day</sup> <i>23</i>	Age <i>6</i> <sup>Years</sup> <i>6</i> <sup>Months</sup> <i>16</i> <sup>Days</sup>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Mt Joy</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Giles M. Harner</i>	Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Mary E. Robert</i>	Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>John H. Elise</i>	How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. K. Harman</i>
	Address <i>Littlestown Pa</i>
Accident or Suicide?	<i>Copied By W.B. Hagan</i>



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middletown</i> <sup>Town</sup>		<i>Fredk</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>S</i>			
Father's Name <i>Howard D. Kefauver</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Moselle H. Kamm</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Baron &amp; Felt-</i>		How related to deceased <i>not</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. A. Lamar</i>
	Address <i>Middletown md</i>
Accident or Suicide?	



Name  
in  
Full

Charles McDonald

## CERTIFICATE OF DEATH

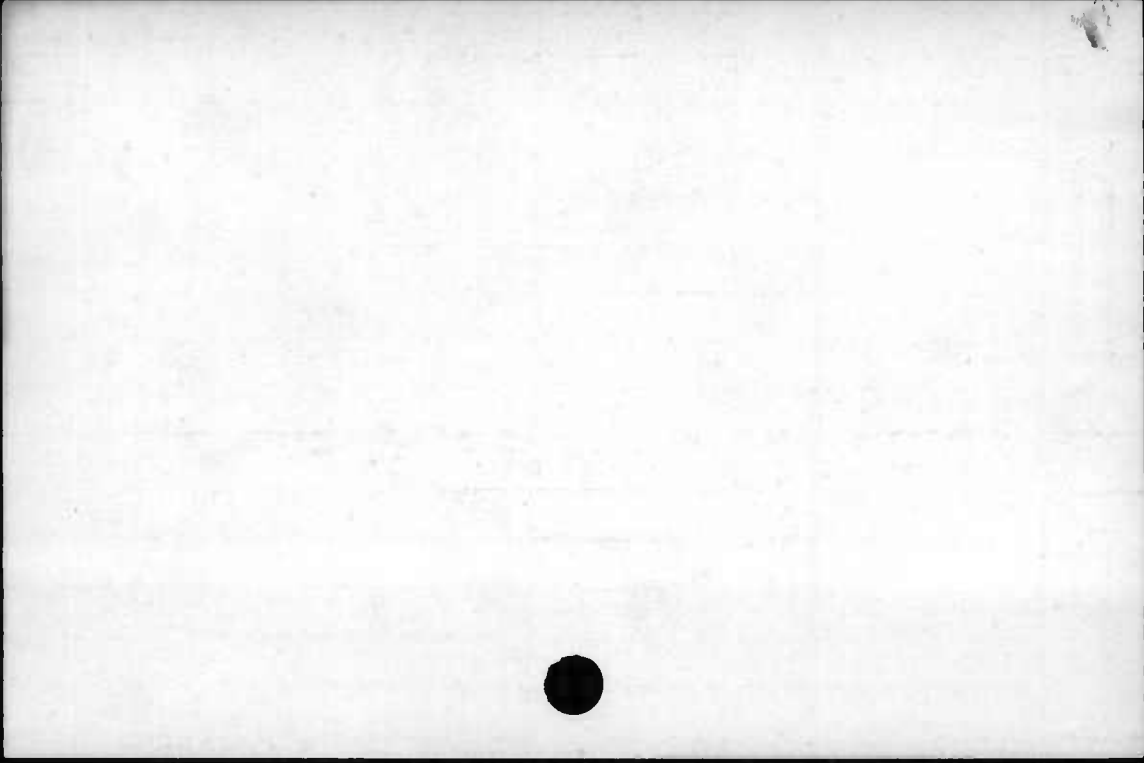
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Montevue Hospital		County Frederick		MARYLAND	
Date of death	1906	Month June	Day 20	Years 88	Months		Days
Sex	Male		Color or Race	White		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility	How long	(154)
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		R. S. Lyson. Frederick Md.	





Name in Full		6,				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Philadelphia, Pa.</i>		County <i>X</i>		STATE <i>MARYLAND</i>		
		Date of death <i>1906</i>	Month <i>1st</i>	Day <i>30</i>	Age <i>9</i>	Years <i>X</i>	Months <i>X</i>	Days <i>10,</i>
		Sex <i>Female</i>		Color or Race <i>Coloured</i>		Birth-place <i>Harrisburg, Pa.</i>		
		Occupation <i>None</i>			Where Residing if not at place of death <i>Philadelphia, Pa.</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wilmington</i>				
		Father's Name <i>William F. M<sup>c</sup> Kee,</i>			Father's Birthplace <i>North-Carolina</i>			
		Mother's Maiden Name <i>Alberta Sivell,</i>			Mother's Birthplace <i>New Market, Md.</i>			
		Name of person giving information <i>William F. M<sup>c</sup> Kee,</i>			How related to deceased <i>Mother</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>			How long <i>Six days</i>			
		Immediate			How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>			Signature of Physician <i>DR. T. E. R. MILLER,</i>			
		<i>No,</i>			Address <i>FREDERICK, MD.</i>			
		Accident or Suicide? <i>No,</i>						

N.B, This Card came to hand  
after I had made my report of  
the month of January.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John H. Mangans</i>		Town <i>Wolfsville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Wolfsville</i>		Month <i>Jan</i>		Day <i>31</i>		Years <i>65</i>	
Date of death 190 <i>Jan</i>		Age <i>65</i>		Months <i>7</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wolfsville</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Merchant</i>					
Name of Wife or <i>Annie M. Mangans</i>							
Father's Name <i>John Mangans</i>		Father's Birthplace <i>Wolfsville</i>					
Mother's Maiden Name <i>Ana Moser</i>		Mother's Birthplace <i>Thurmont</i>					
Name of person giving information <i>Harry S. Mangans</i>		How related to deceased <i>Son</i>					

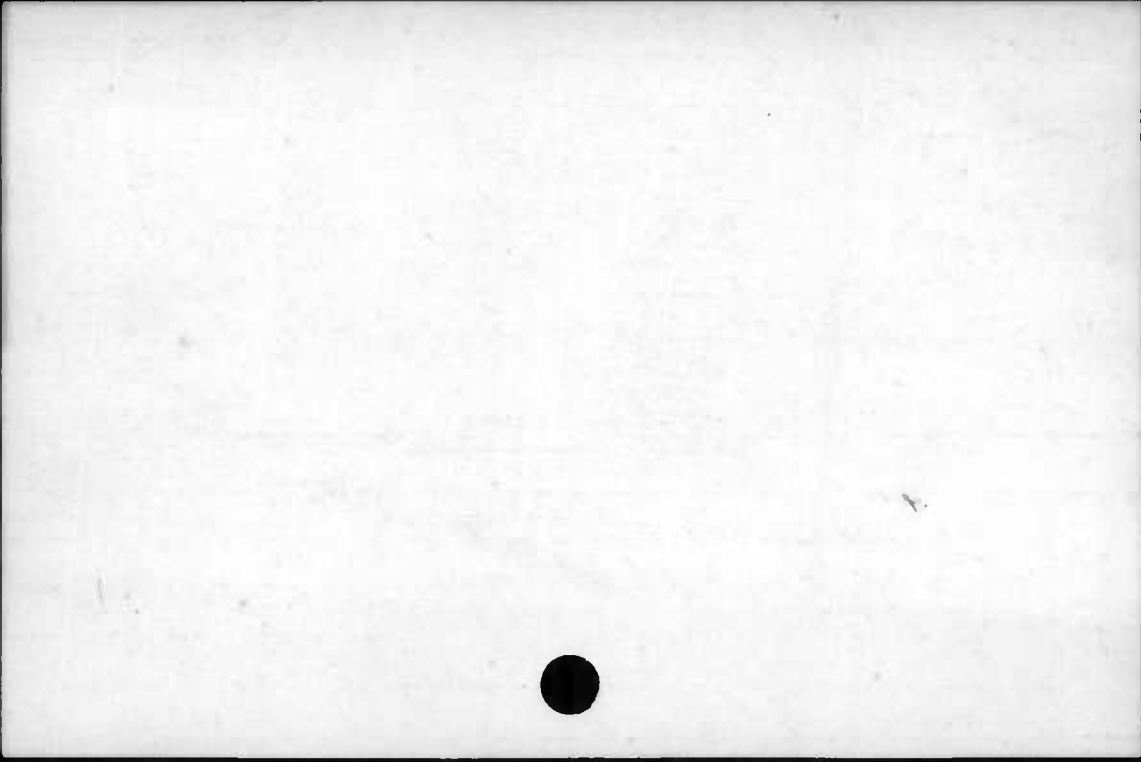
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lateral Sclerosis Spinal Cord</i>	How long <i>18 months</i>
Immediate <i>Heart Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.C. Wheeler M.D.</i>
	Address <i>Boonsboro</i>
Accident or Suicide?	<i>me-</i>







Name  
in  
Full

Anne Meltida Mercer

No 1

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near <sup>Town</sup> New Market

County

Date

of death 1906

Month

Jan

Day

4

Age

Years

17

Months

10

Days

15

Sex

Female

Color or  
Race

white

Birth-  
place

Mt Pleasant

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Chas. Mercer

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

R C Fout m.d.

How related  
to deceased

## CAUSES OF DEATH

Primary

Accidental gunshot wound in abdomen

How long

Immediate

Shock &amp; internal hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R C Fout m.d.

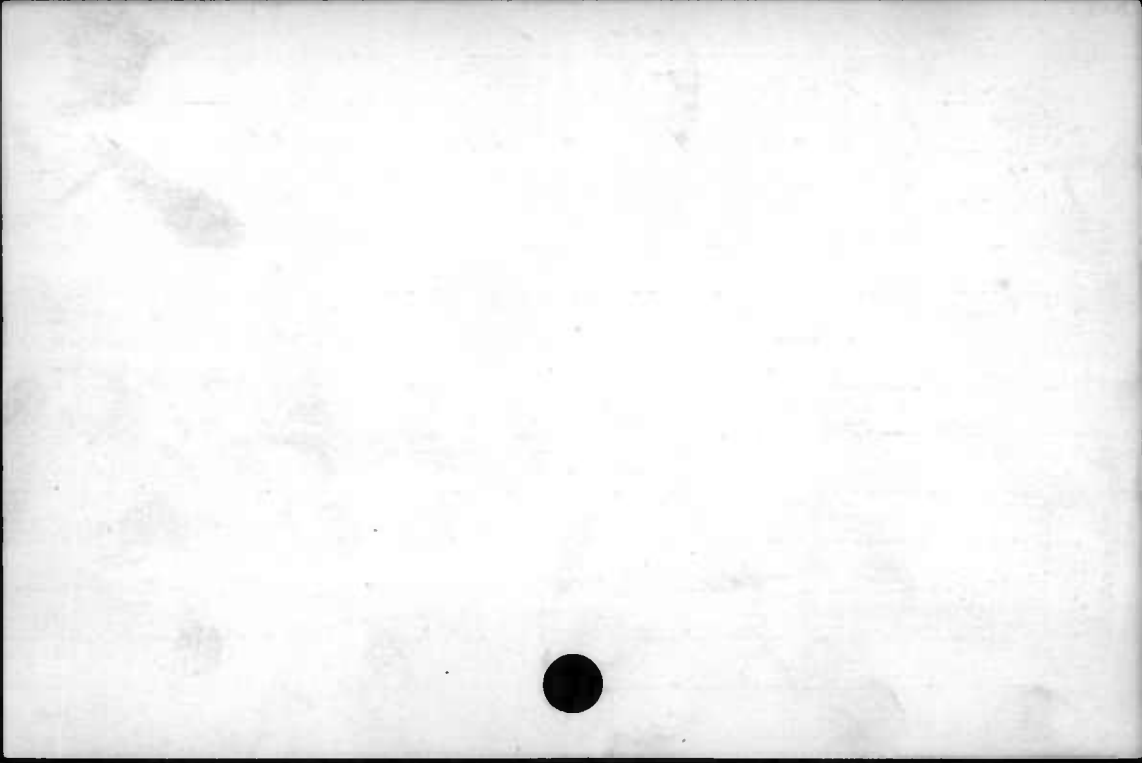
Address

Remptown

Accident or Suicide?

Accident

Md.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leinstown</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>16</i>	Age <i>71</i>	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Leinstown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Caroline Hill</i>				
Father's Name <i>Geo. Miller</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Catharine Miller</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Geo W. Miller</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>40 years</i>
Immediate <i>Heart Failure</i>	How long <i>Several hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>It is,</i>	Signature of Physician <i>J. R. Miller.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Justus Miller*

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death *1904* Jan *19th* Age *76* Month *2* Days *26*

Sex *male* Color or Race *White* Birth-place *Germany*

Occupation *Turner* Where Residing if not at place of death *N. Market*

Married, Single or Widowed *married* Name of Wife or Husband *Mary Brenzle*

Father's Name *Christian Miller* Father's Birthplace *Germany*

Mother's Maiden Name *Christina Dresser* Mother's Birthplace *Germany*

Name of person giving information *Chas. Miller* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

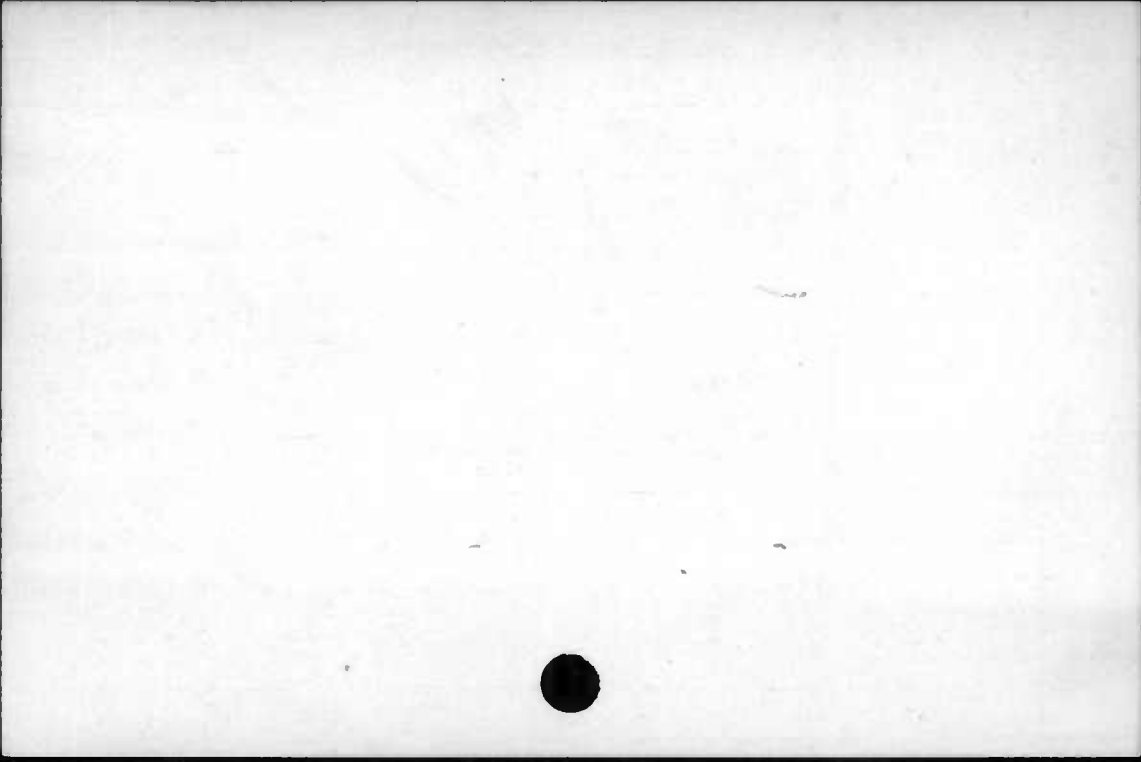
Primary *General Debility, Old age* How long *6 months*

Immediate *acute indigestion* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank Hedges*

Address *Frederick*

Accident or Suicide?



Name  
in  
Full

Arthur Ann E. Miesner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fredensht Town County MARYLAND

Date of death 1906 Jan 30th Age 3 Months Days

Sex Female Color or Race White Birth-place Ind

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John H. Miesner Father's Birthplace Ind

Mother's Maiden Name Martin Mother's Birthplace Ind

Name of person giving information John Miesner How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

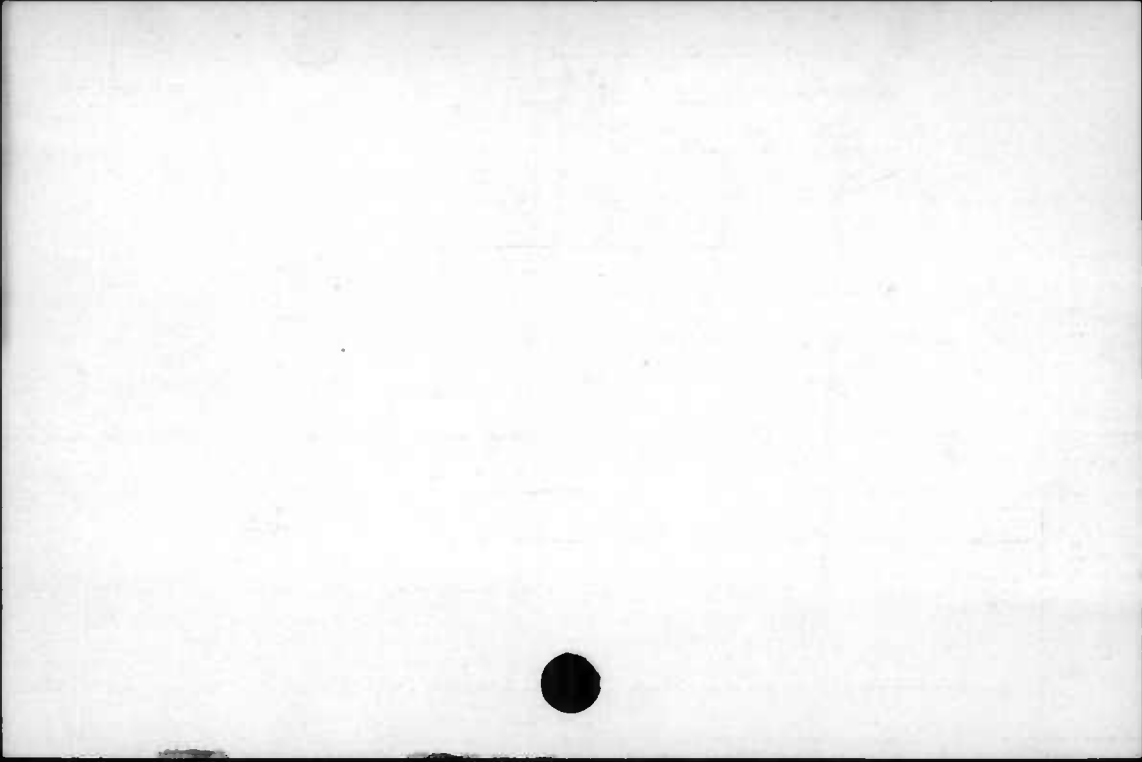
Primary Entered - Cerebral 105 How long 3 days

Immediate Cardiac Paralysis How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Redacted] Address Ft. Hedgerd to Fredensht

Accident or Suicide? ✓



Name  
In  
Full

## CERTIFICATE OF DEATH

James Emory Nelson		Town Frederick		County Frederick		MARYLAND					
Died at		Date of death		Age		Months		Days			
1906		1		14		X		4		14	
Sex		Color or Race		Birth-place							
Male		Black		Md							
Occupation		Where Residing if not at place of death									
X		X									
Married, Single or Widowed		Name of Wife or Husband									
X		X									
Father's Name		Father's Birthplace									
George Nelson		Md									
Mother's Maiden Name		Mother's Birthplace									
Berrie Norris		Md									
Name of person giving information		How related to deceased									
George Nelson		Father									

## CAUSES OF DEATH

Primary	Malnutrition	How long	2 months
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. J. Long	
		Address	
		City	
Accident or Suicide?			

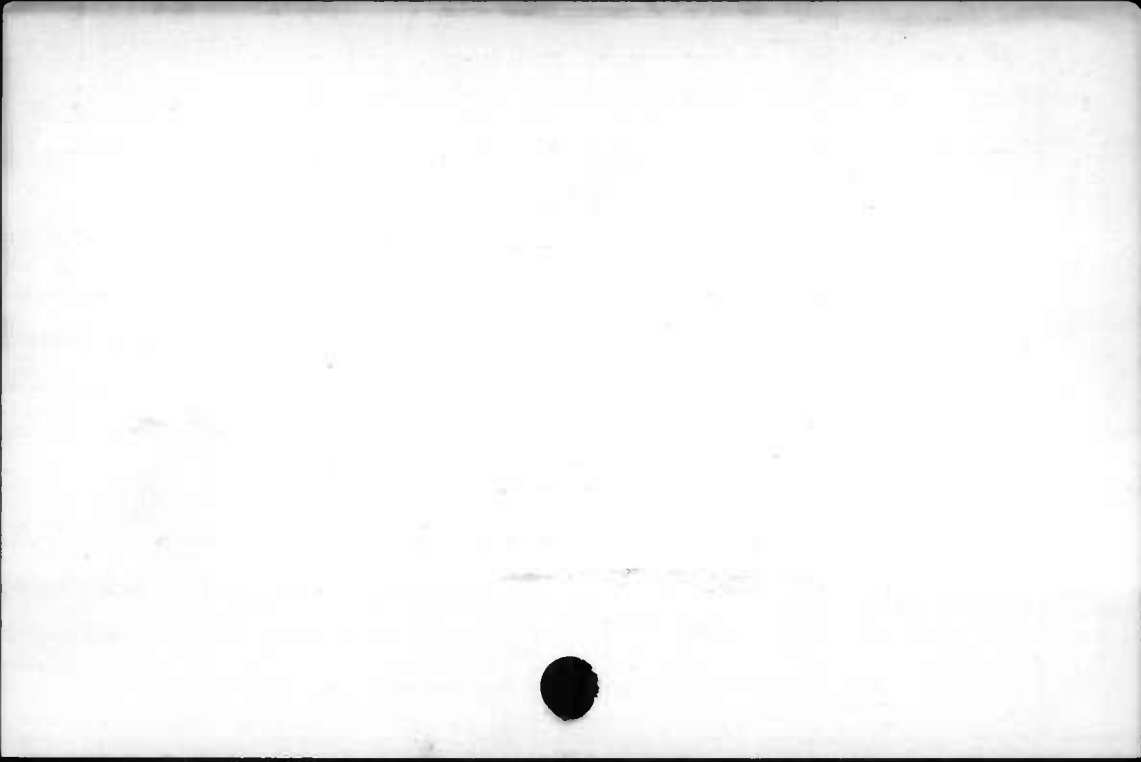
Catholic Cemetery

Jan 15 - 1906

C. C. C. 75



Name in Full		Sarah Matilda Oerter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Graceham		County Frederick		MARYLAND	
	Date of death	1906	Month Jan	Day 31 <sup>st</sup>	Years 64	Months 0	Days 3
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Birth-place	Laurens Pa		
	Where Residing if not at place of death		2				
	Married, Single or Widowed	Married		Name of <del>Wife</del> or Husband	Rev. Albert L. Oerter		
	Father's Name	Geo. Ketter			Father's Birthplace	Laurens Pa	
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie Eliza Horsfield			Mother's Birthplace	Pantuxent, Me.	
	Name of person giving information	A. L. Oerter			How related to deceased	Husband.	
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER	Primary	Arterio-sclerosis, Aneurysm, & Heart Disease				How long	3 years
	Immediate	Hemiplegia				How long	2 days.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	E. C. Kefauver
					Address	Thermont, Md.	
	Accident or Suicide?	No					



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

*John N. Ogborn* 3,

Died at *New Market* *Fredricks* County *MARYLAND*

Date of death *1906* Month *1st* Day *11* Age *78* Years Months *6* Days *X*

Sex *Male* Color or Race *White* Birth-place *New Market*

Occupation *Farmer* Where Residing if not at place of death *near New Market*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Calib Ogborn* Father's Birthplace *dont know*

Mother's Maiden Name *Ann Wright* Mother's Birthplace *12 11*

Name of person giving information *Abanna W. Hovvigh* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

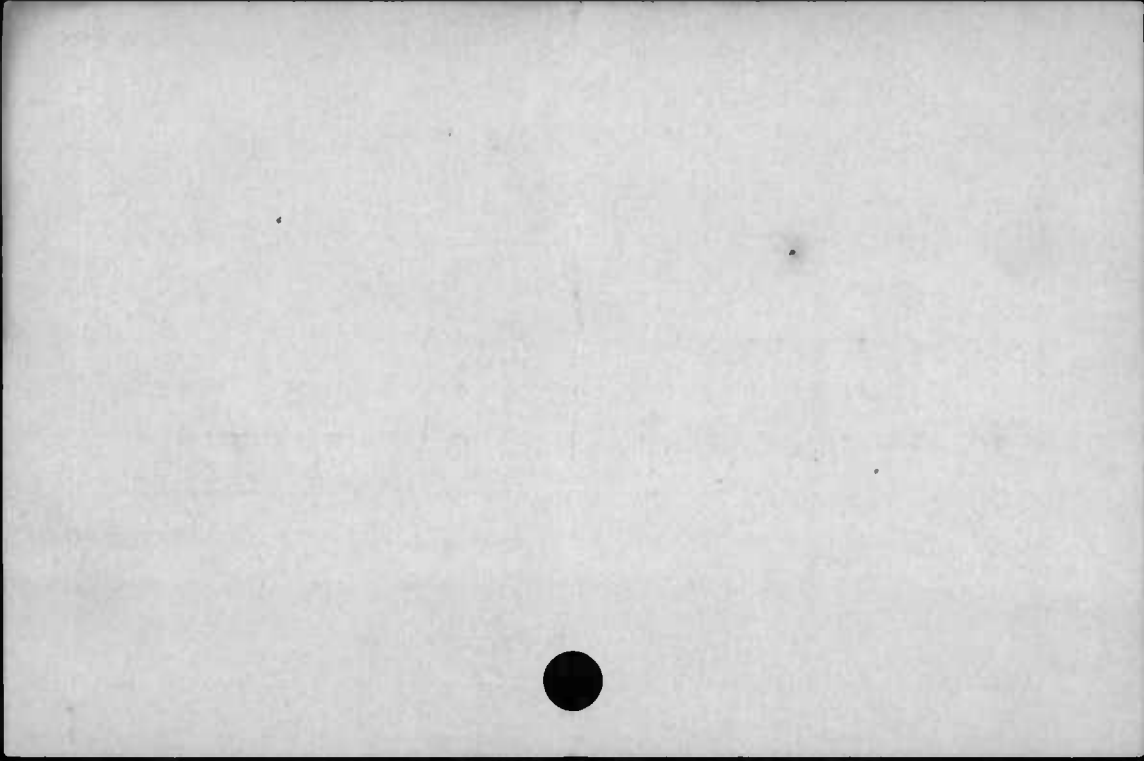
Primary *Old Age* *154* How long *one month*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. J. Bone* Address *Fredricks Md.*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>William G Penn</b>		Town <b>Fredenck</b>		County <b>Fredenck</b>		State <b>MARYLAND</b>	
Died at <b>Fredenck</b>		Month <b>Jan.</b>		Day <b>26th</b>		Age <b>17</b>	
Date of death <b>1906 Jan. 26th</b>		Years <b>17</b>		Months <b>10</b>		Days <b>16</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Id</b>			
Occupation <b>Colner</b>		Where Residing if not at place of death <b>Same</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b></b>					
Father's Name <b>Thomas G Penn</b>		Father's Birthplace <b>Id</b>					
Mother's Maiden Name <b>Mary Carroll</b>		Mother's Birthplace <b>Id</b>					
Name of person giving information <b>Mrs Penn</b>		How related to deceased <b>Mother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Phthisis</b>	How long <b>6 months</b>
Immediate <b>Exhaustion</b>	How long <b>6 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Frank Hedge</b>
	Address <b>Fredenck</b>
Accident or Suicide? <b></b>	

Internment at Damascus Med  
" Jan 28

Dr Thomas

Name  
in  
Full

*Harriet Ramsey*

CERTIFICATE OF DEATH

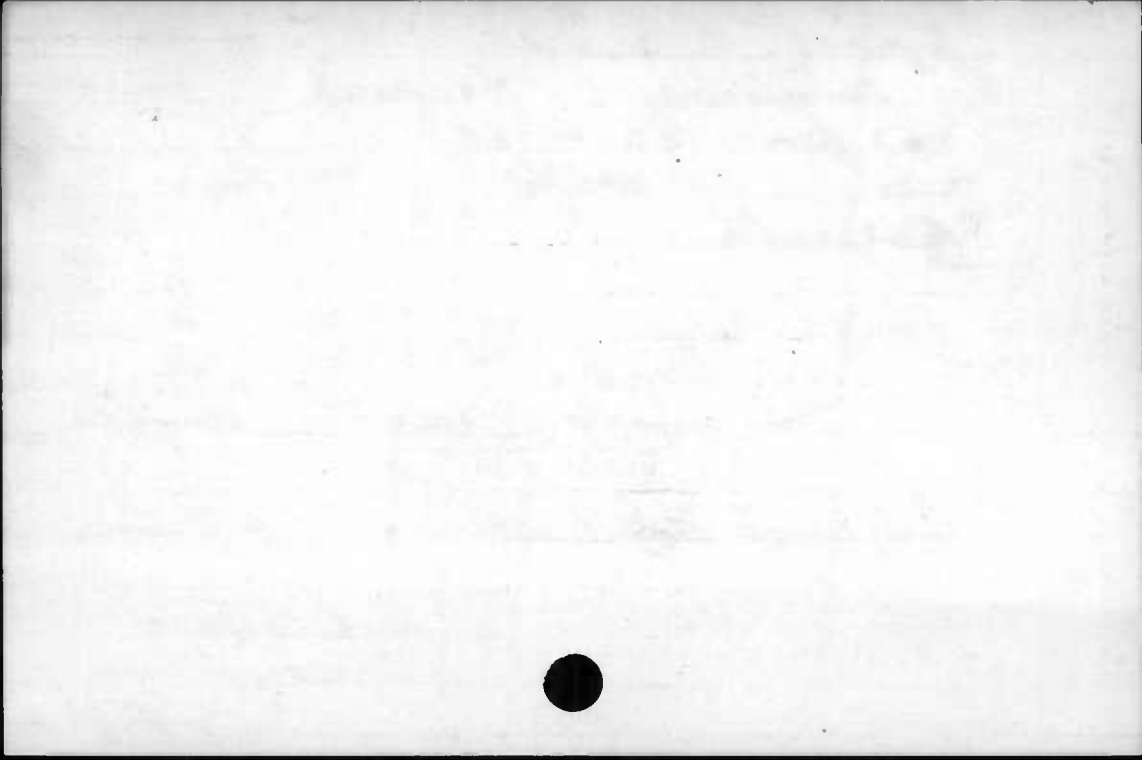
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monticure</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1904</i>	Month <i>1</i>	Day	Years <i>66</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

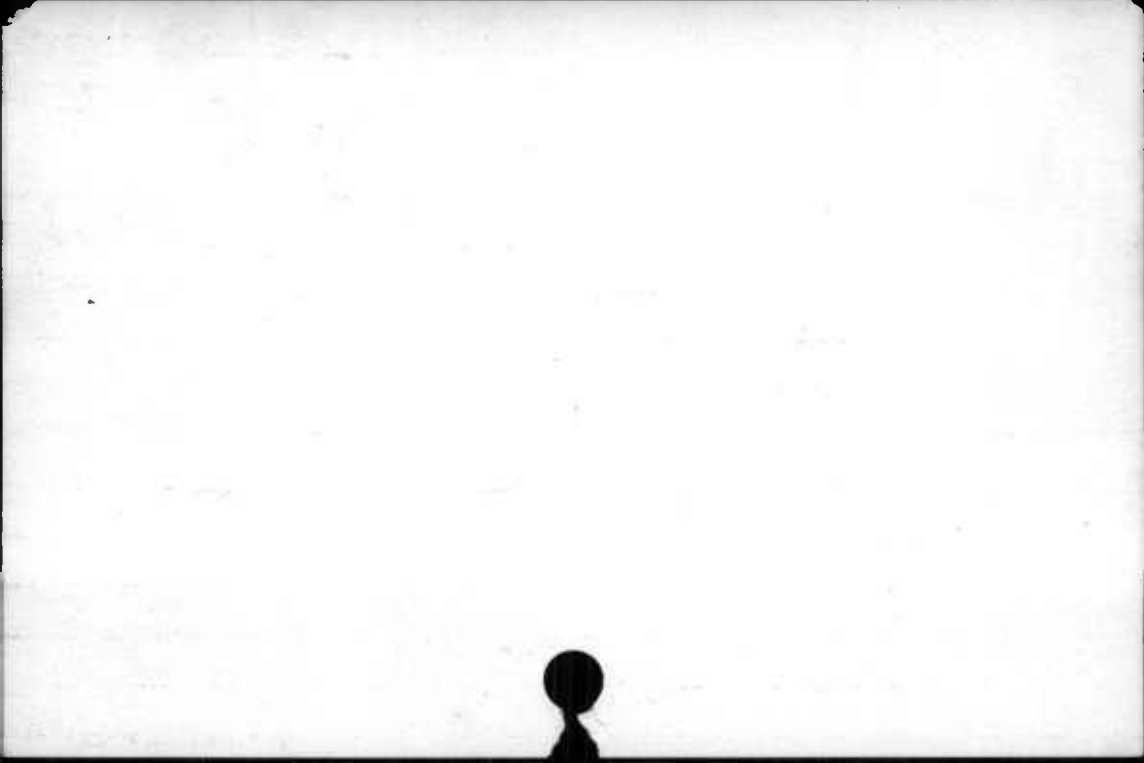
MARYLAND

Died at		Town		County	
Emmitsburg		Frederick			
Date	Month	Day	Age	Years	Months
of death	1906	Jan	23	69	5
Sex	male	Color or Race	White	Birth-place	Ra
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob Reeves		Father's Birthplace Ra		
Mother's Maiden Name	Susi Snyder		Mother's Birthplace Ra		
Name of person giving information	Mrs Samuel Brean		How related to deceased daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease	How long	6 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. E. Stone
		Address	Emmitsburg Md.
Accident or Suicide?			



Name  
In FullTO BE ANSWERED BY  
NEAREST FRIEND

Lydia Ann Margarett Rohrbach

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Burkittsville<sup>County</sup> Fred

MARYLAND

Date of death 1906 Jan 14 Age 15 Months 11 Days 16

Sex Female Color or Race White Birthplace Md.

Occupation Domestic Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Benjamin H. Rohrbach Father's Birthplace Md.

Mother's Maiden Name Lydia May Cochran Mother's Birthplace Md.

Name of person giving information Benjamin Rohrbach How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

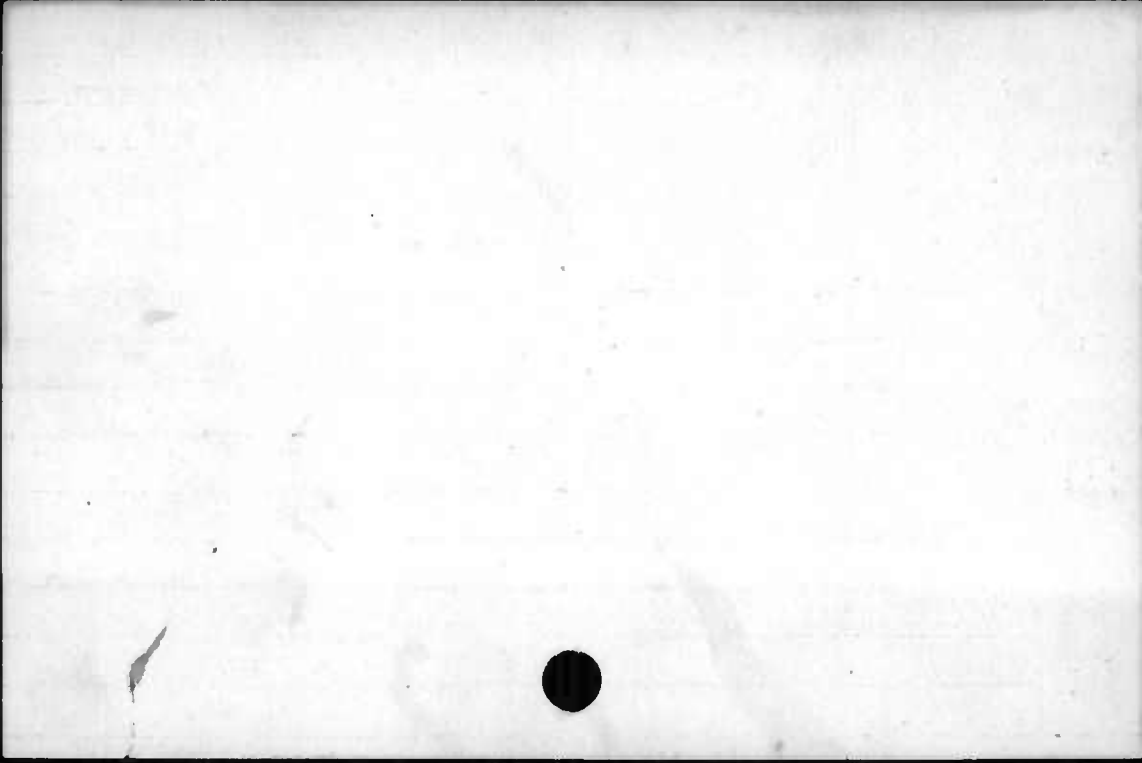
Primary Tuberculosis. 27 How long About

Immediate Exhaustion. 15 mos. How long

Are the name, age, sex, color, date and place correctly given above? Yes, Signature of Physician C. M. Schiltnecker

Address Burkittsville, Md.

Accident or Suicide? ☒



Name  
in  
Full

## CERTIFICATE OF DEATH

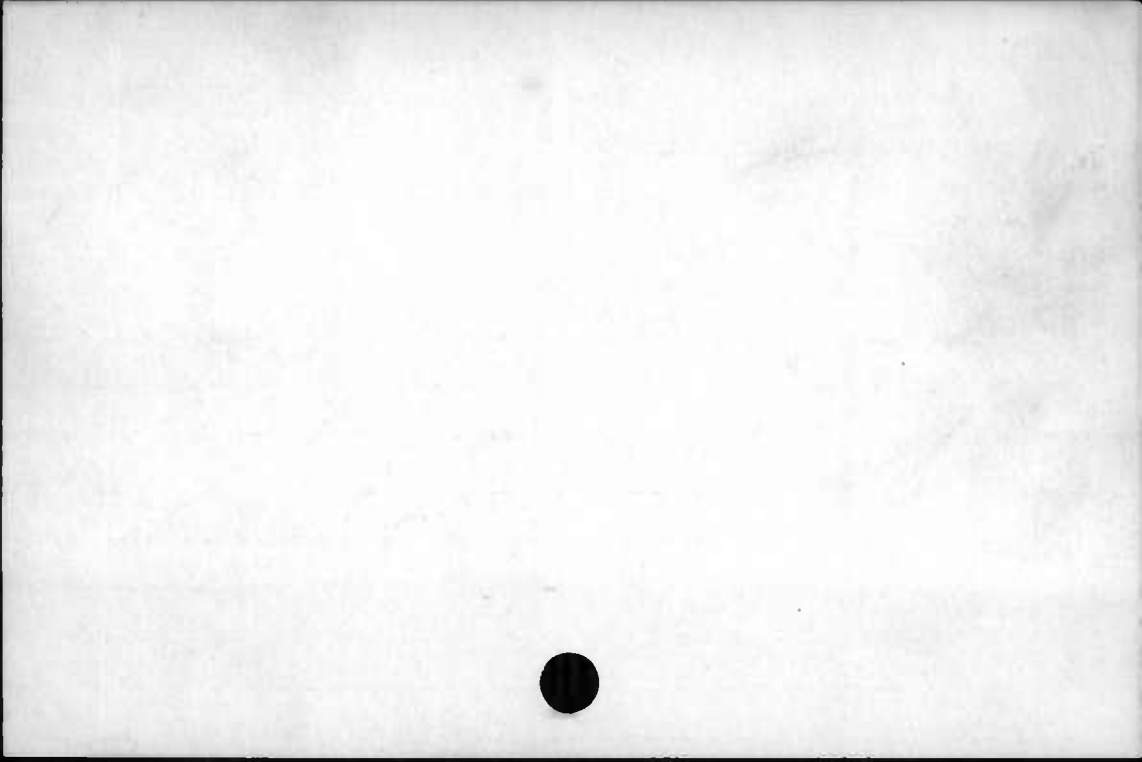
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death 1906	Month 1	Day 4	Age 923	Years	Months	Days 13			
Sex	Female		Color or Race	White		Birth- place	Maryland		
Married, Single or Widowed	Widow			Occupation				Housewife	
Name of Wife or Husband								James Rudy	
Father's Name				Blair. Rhazgala				Father's Birthplace	Maryland
Mother's Maiden Name				Charlotte J. Coff.				Mother's Birthplace	Maryland
Name of person giving In formation				Miss Kate Rudy				How related to deceased	Daughter

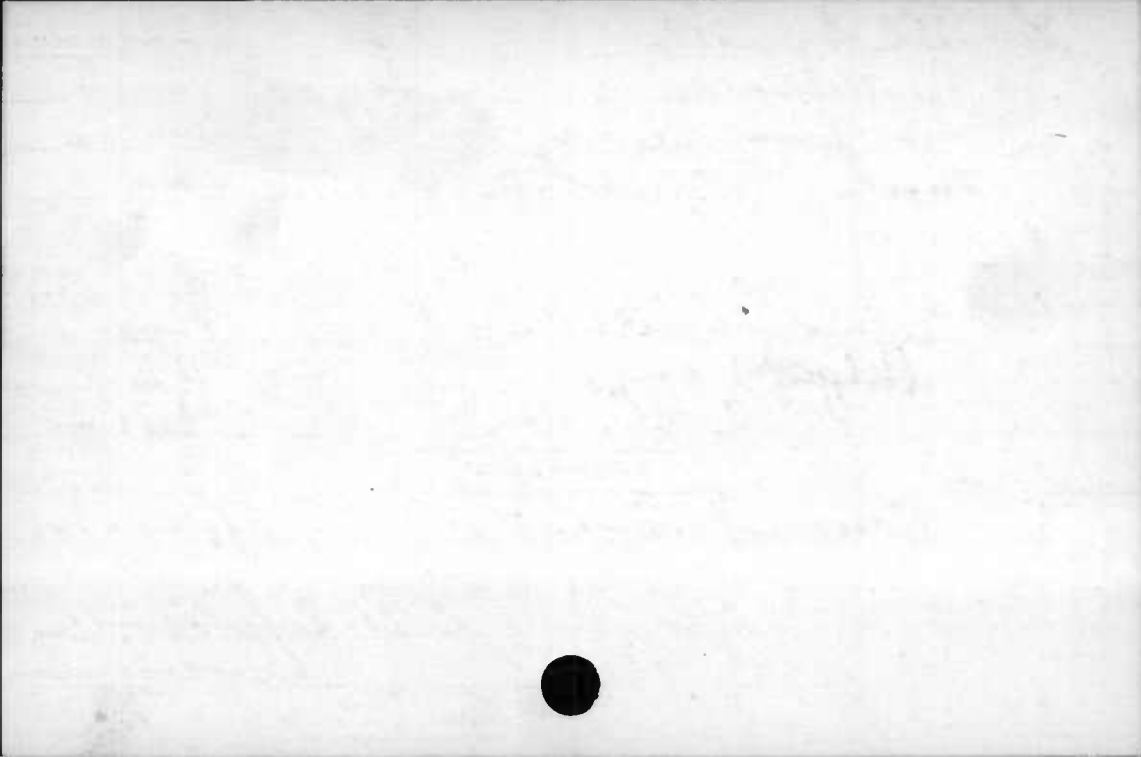
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long	154
Immediate	Syphilis Pneumonia	How long	13 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. Hubert Buckley	
Address		Middleton	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Walkersville</i>		Town <i>Franklin</i>		County <i>Franklin</i>
	Date of death <i>1906 Jan 9</i>		Month <i>Jan</i>		Day <i>9</i>
	Age <i>—</i>		Years <i>—</i>		Months <i>3</i>
	Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>
	Occupation <i>none</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Chas Scholt</i>		Father's Birthplace		
	Mother's Maiden Name <i>Aminia Wood</i>		Mother's Birthplace		
Name of person giving information <i>L. D. Michodermus</i>		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bronchitis Pneumonia</i>		How long <i>week</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. D. Michodermus</i>		
			Address <i>—</i>		
	Accident or Suicide?				





Name  
in  
Full

Long Earl Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Reinholds*County *Frederick*Date of death *1906*Month *June*Day *26*

Age

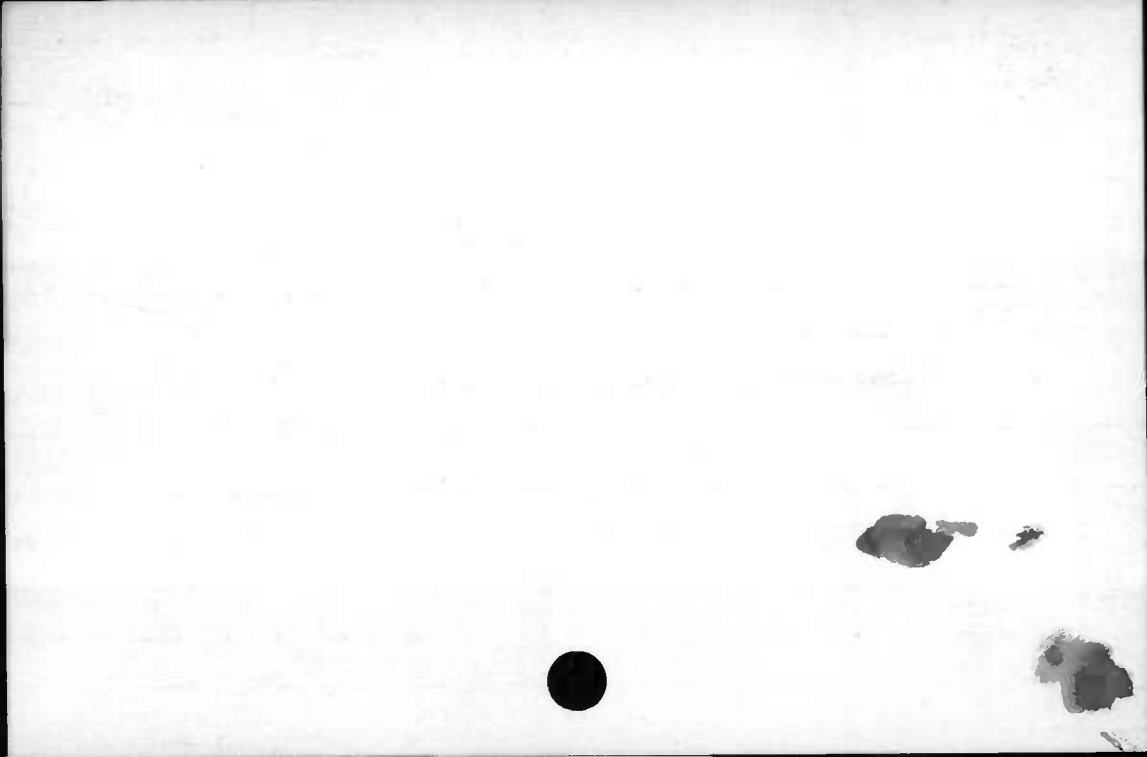
Years *1*Months *—*Days *6*Sex *Male*Color or  
Race *White*Birth-  
place *Ind*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *—*Name of Wife or  
Husband *—*Father's  
Name *Calvin Smith*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Original Jones*Mother's  
Birthplace *Ind*Name of person giving  
Information *C. Smith*How related  
to deceased *Father*

## CAUSES OF DEATH

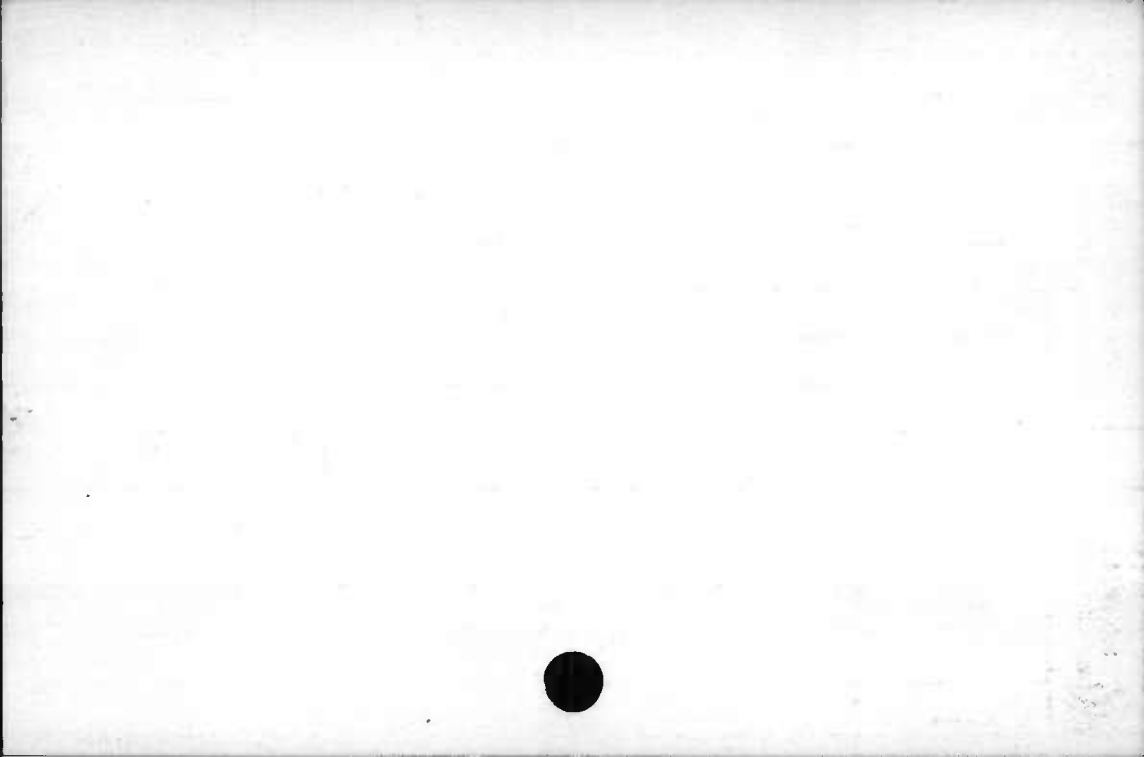
Primary *Convulsions*How long *about 12 hrs.*

Immediate

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *C. W. Schiltner*Address *Baltimore*Accident or Suicide? *—*



Name in Full		Daniel B. Snyder No. 2				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Fountain Mills	County Frederick	MARYLAND		
		Date of death		1906	Month Jan.	Day 3	Years 58	Months 6
		Sex		Male		Color or Race	White	
		Occupation		Blacksmith		Birth-place	Md	
		Married, Single or Widowed		Married		Name of Wife or Husband Rachel B. Snyder		
		Fether's Name		William Snyder		Father's Birthplace Md		
		Mother's Maiden Name		Sarah Plame		Mother's Birthplace Md		
		Name of person giving information		Rachel B. Snyder		How related to deceased Wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Arturo. Sclerosis		How long		
		Immediate		Pulmonary Oedema		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. H. Hopkins Jr		
						Address New Market		
		Accident or Suicide?		no				



Name  
in  
Full

Albert U. Steward

## CERTIFICATE OF DEATH

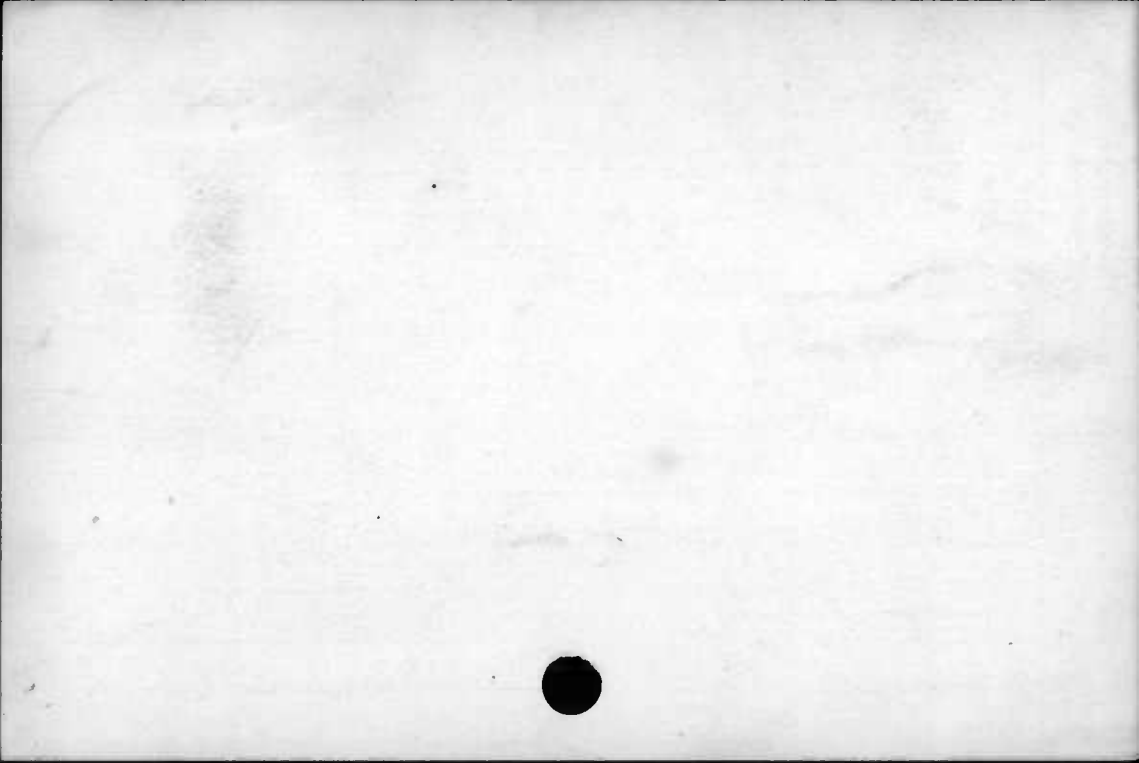
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ft. Airy Junction		County Frederick		MARYLAND	
Date of death		1906	Month Jan.	Day 7	Age	Years 33	Months 2
Sex Male		Color or Race White American		Birthplace Montgomery Co. Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Birdie E. Steward					
Father's Name John W. Steward				Father's Birthplace Montgomery Co.			
Mother's Maiden Name Mary R. Mullinix				Mother's Birthplace Howard Co.			
Name of person giving information John W. Steward				How related to deceased Father			

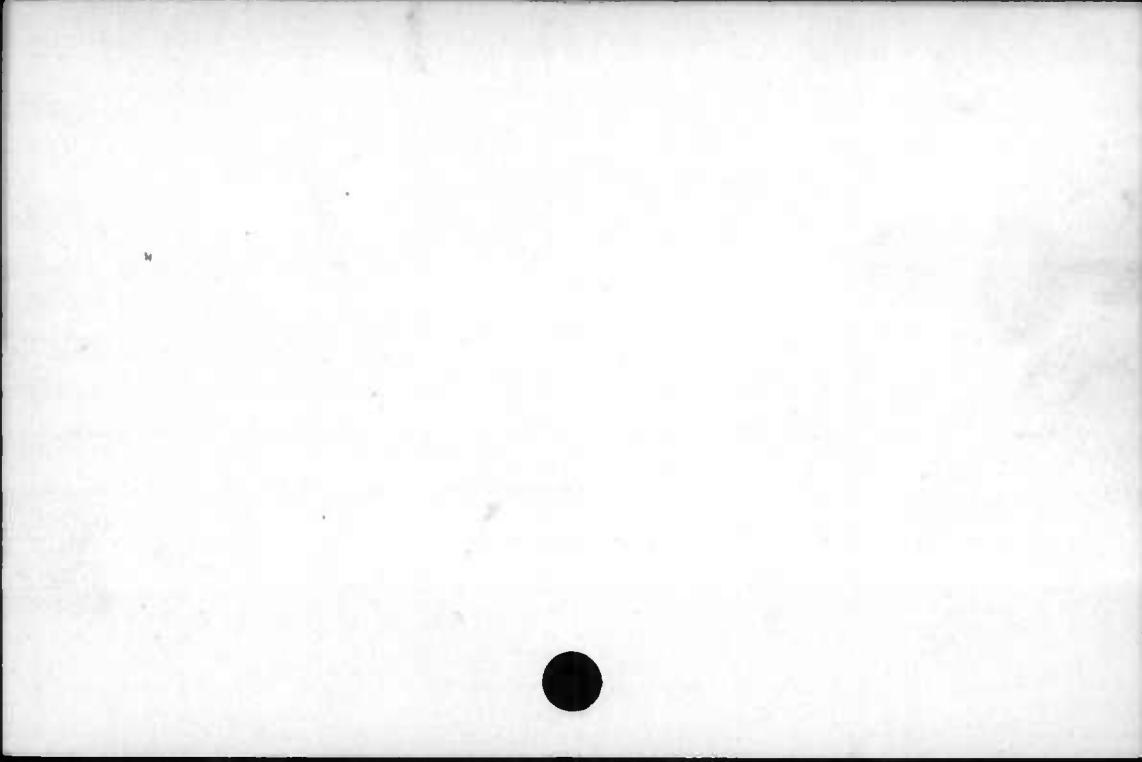
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	(93)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. E. Bromwell
			Address Ft. Airy, Md.
Accident or Suicide?			

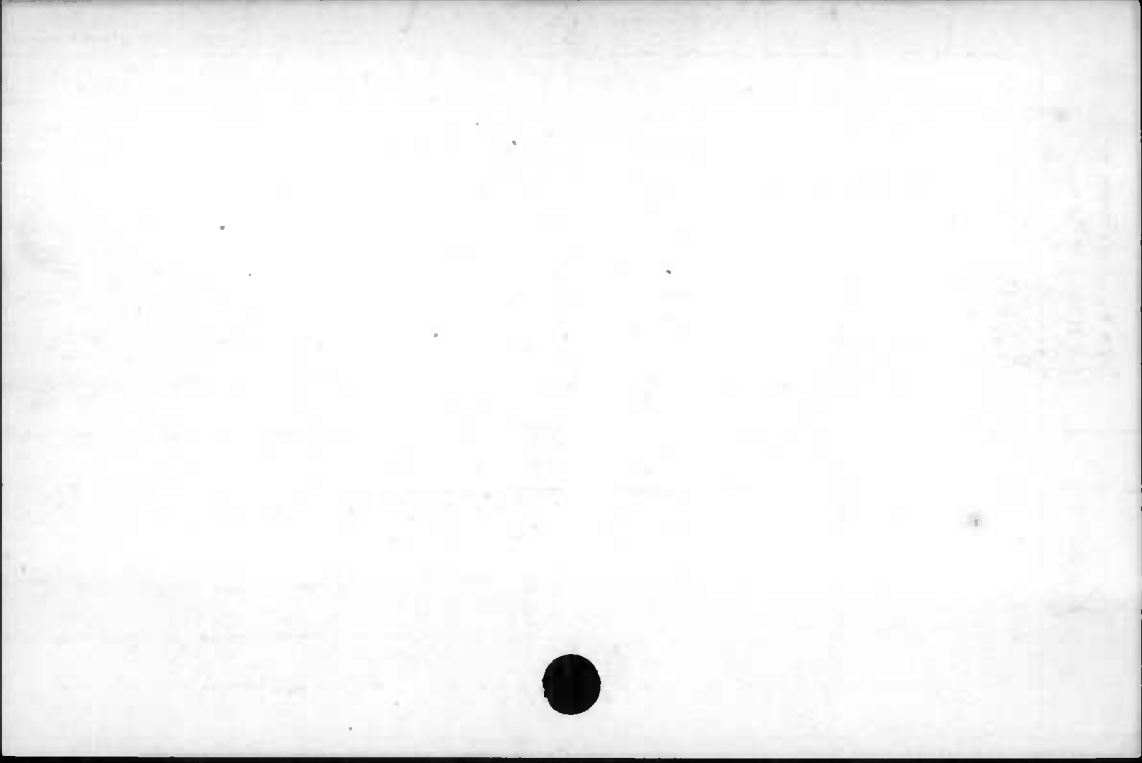


Name in Full <b>Olivia Thomas</b>		County <b>Fredricks</b>		CERTIFICATE OF DEATH	
Died at <b>Lancker</b>		Town <b>Fredricks</b>		MARYLAND	
Date of death <b>1904</b>	Month <b>1</b>	Day <b>8</b>	Years <b>18</b>	Months	Days
Sex <b>Female</b>	Color or Race <b>Black</b>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>Franklin B. Thomas</b>		Father's Birthplace			
Mother's Maiden Name <b>Mary B. Thomas</b>		Mother's Birthplace			
Name of person giving information <b>Mary B. Thomas</b>		How related to deceased <b>Mother</b>			
CAUSES OF DEATH					
Primary <b>Pneumonia</b>		How long <b>4 weeks</b>			
Immediate <b>Consumption</b>		How long <b>2 weeks</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>D. H. B. Brown</b>			
		Address <b>Jefferson</b>			
		<b>Fredricks Co Md</b>			
Accident or Suicide?					





Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>		County <i>Fredt</i>		
		Date of death <i>1906</i>		Month <i>1</i>	Day <i>1</i>	Age <i>25</i>
		Sex <i>Male</i>		Color or Race <i>Black</i>	Birth-place <i>md</i>	
		Occupation <i>Porter</i>		Where Residing if not at place of death <i>X</i>		
		Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Jamie Tyler</i>		
		Father's Name <i>Thornston</i>		Father's Birthplace <i>—</i>		
		Mother's Maiden Name <i>Amanda Thornston</i>		Mother's Birthplace <i>—</i>		
		Name of person giving information <i>Jamie Thornston</i>		How related to deceased <i>wf</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>		How long <i>8 mos</i>		
		Immediate <i>Ephemerism</i>		How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Borden: md</i>		
		Address <i>Frederick, md</i>				
		Accident or Suicide? <i>No</i>		<i>md</i>		



Name  
in  
Full

Annie Notnagel West

CERTIFICATE OF DEATH

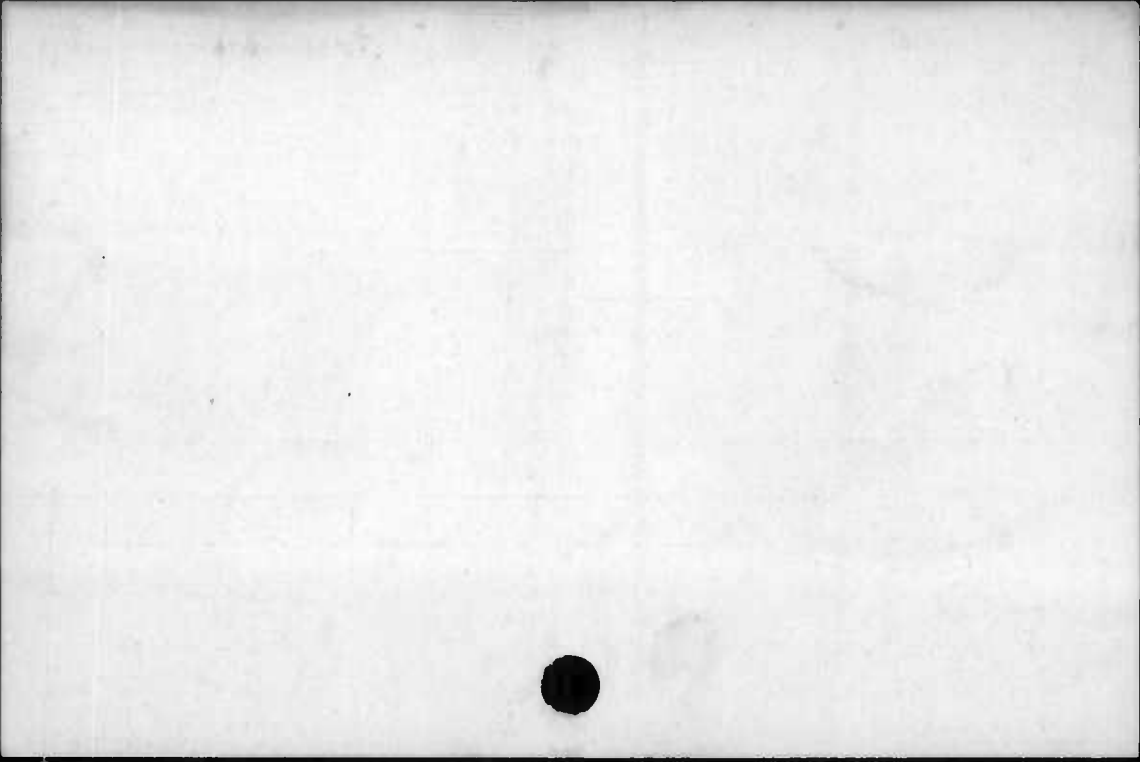
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blomfield</i> <sup>Town</sup>		<i>Freak</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>1</i>	Day	<i>21</i>
Age		<i>49</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation			Where Residing if not at place of death		
Married, <del>Married</del> or <del>Widowed</del>		Name of Wife or Husband <i>John C West</i>			
Father's Name		<i>Notnagel</i>	Father's Birthplace		<i>Germany</i>
Mother's Maiden Name			Mother's Birthplace		<i>Germany</i>
Name of person giving information			How related to deceased		

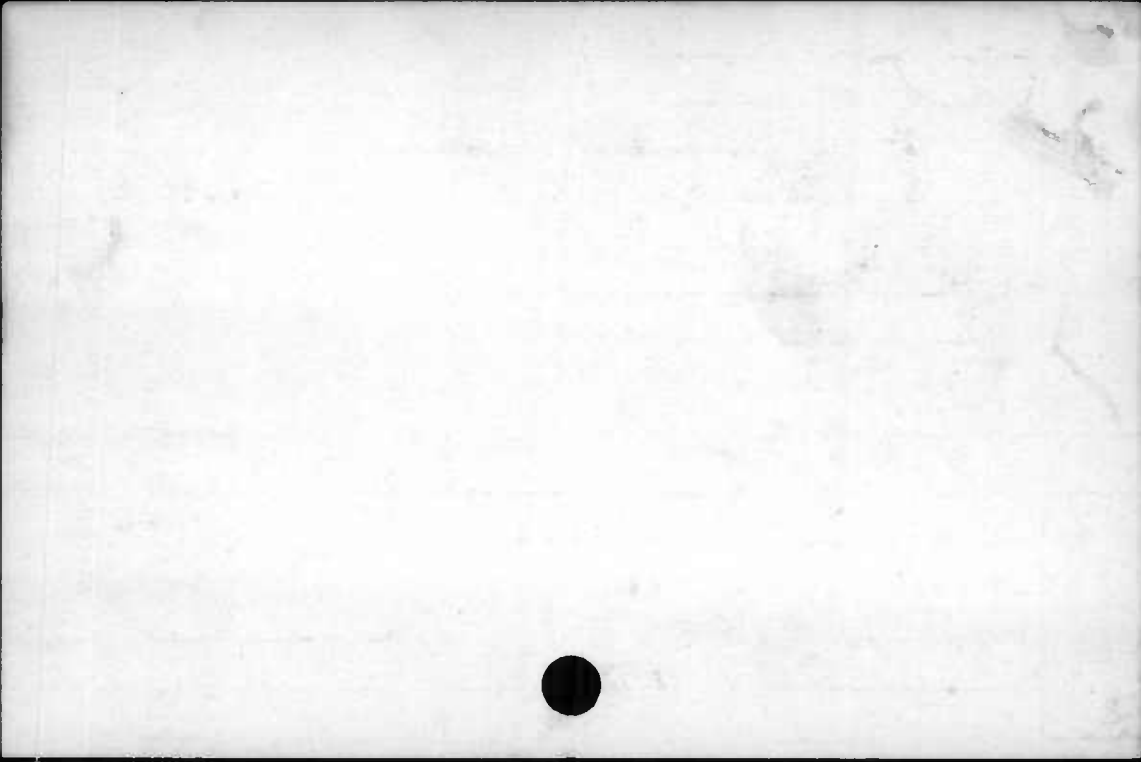
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cirrhosis of Liver,</i>	How long	<i>20 years</i>
Immediate	<i>Uremia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Wm. C. Thompson</i>	
Address		<i>Frederick, Md.</i>	
Accident or Suicide?		<i>no</i>	



Name in Full		Sophia J. Weddle.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town • Fredericks		County Frederick		MARYLAND			
		Date of death 1906		Month 1	Day 2	Age Years 82	Months 8	Days 3	
		Sex Female		Color or Race White		Birth-place Md			
		Occupation House Wife		Where Residing if not at place of death Asaly F. Co. Md.					
		Married, Single or Widowed Widow		Name of Wife or Husband James Weddle					
		Father's Name John Wiles		Father's Birthplace —					
		Mother's Maiden Name —		Mother's Birthplace —					
		Name of person giving information Mrs. Wiles				(154) How related to deceased daughter			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Senile decay,				How long 6 mch			
		Immediate Hemorrhage of brain, Purpura				How long 3 days			
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Frank Hedgcock			
						Address Frederick, "			
		Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

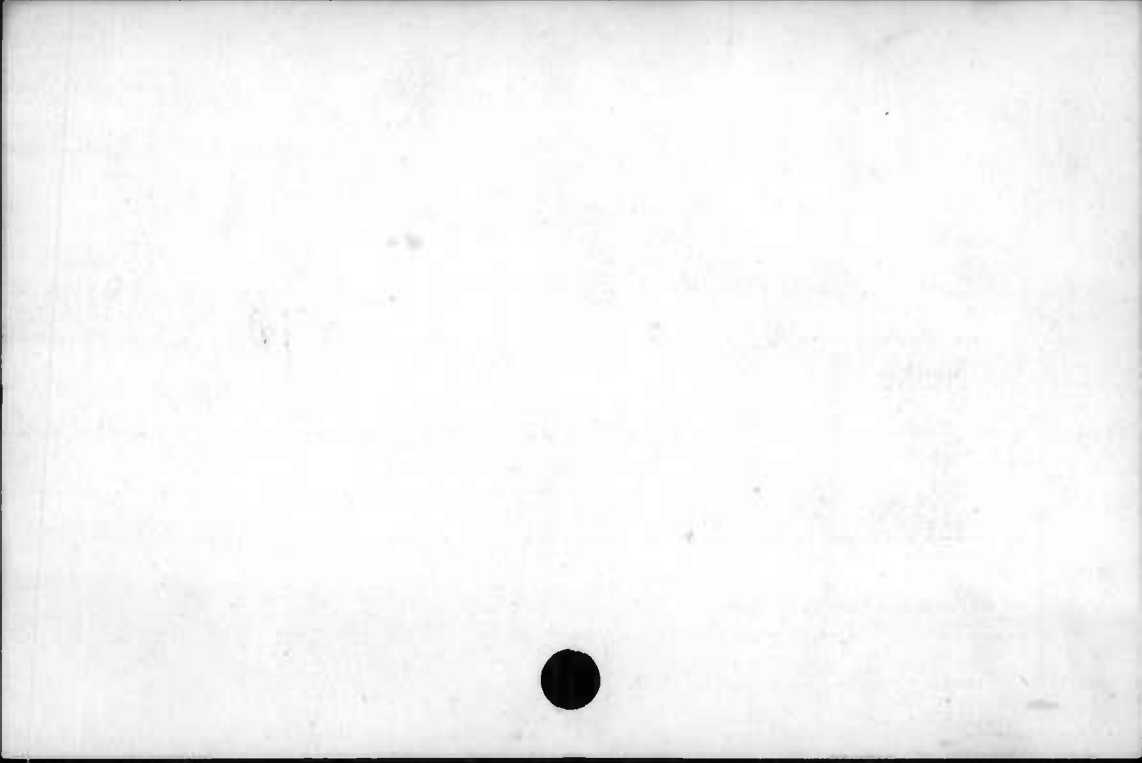
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>William Wood</i>		Town <i>Petersville</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
1906 Jan 10		10		Years		Birth place <i>Petersville</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Where Residing if not at place of death			
Occupation		Married, <del>Widowed</del> <i>Married</i>		Name of Wife or Husband			
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		(93)		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>		How long <i>10 days</i>	
Immediate <i>" "</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel Cassatt M.D.</i>	
		Address <i>Petersville</i>	
Accident or Suicide?		<i>md</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John David Zimmerman*

Died at *Halkersville* Town *Fredrick* County *MARYLAND*

Date of death *1906* Month *Jan* Day *15* Age *60* Years Months *7* Days *28*

Sex *male* Color or Race *white* Birth-place *Halkersville*

Occupation *Farmer* Where Residing if not at place of death *Halkersville*

Married, Single or Widowed ☐ Name of Wife or Husband *Martha*

Father's Name *Salomon Zimmerman* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *J. D. Nicodemus* How related to deceased *in no wise*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cancer of Liver* (140) How long *6 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. D. Nicodemus*

Address *Halkersville Md.*

Accident or Suicide? ☒

